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YOU CAN ANALYZE STOCK

HOW









newest advance in iron therapy

THE
ONLY EFFECT
THIS IRON
PRODUCES

...IS A
CONSISTENT
HEMOGLOBIN
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PATIENTS ON SIMRON REPORT NO GASTRIC UPSE NO BLACK STOOLS, NO CONSTIPATION OR DIARRHE

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Patients who "can't take iron"—now can: Simron is preferred wherever iron is indicated. Especial useful in patients who can't tolerate other iron therapies—for example, gravida, duodenal ulcer, coll—where gastric upset is discomforting and black stools may mask a serious condition.

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SIMRON

*Sacagen—special absorption agent. Trademarks: 'Simron,' 'Sacagen' 1. Ausman, D. C.: J. Am. Geriatric Soc. 7:268, 1959:



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Medical Economics

NEWS BRIEFS

MREND TOWARD PARTNERSHIP PRACTICE among younger N.D.s is confirmed by a recent Alfred Politz survey. More than 37% of private practitioners under 40 are now in groups or partnerships. For men 50 or over, the figure is only 13.5%.

OPERATING SURGEON USES AS MUCH ENERGY as a steel-worker doing fairly heavy work, reports Dr. Herman K. Hellerstein of Western Reserve University.

BIGGEST SINGLE BUYER OF MEDICAL CARE in California is now the state government, Arthur Weissman, statistician for the Kaiser Foundation, points out. He says 11% of the state's revenue last year was spent on state-financed medical care for the 500,000-odd Californians now eligible for it.

MOST GRADUATING MEDICAL STUDENTS now are family men, says the Assn. of American Medical Colleges: Of 1959 graduates, 63% were married; 24% of these had two or more children; one graduate had seven.

MEDICAL ECONOMICS · NOVEMBER 9, 1959]

NEWS BRIEFS

MULTIPLE VACATIONS FOR M.D.s: Almost half of all privately practicing doctors who took vacations last year took more than one, a new Alfred Politz study shows: 31% took two; 17% took three or more. But 24% of the doctors surveyed took none at all.

ANOTHER SAVING FOR SMALL-CAR OWNERS has been announced by the Allstate Insurance Co. It's cutting auto insurance rates 10% on U.S. and foreign small cars. The rate is effective now in Calif., Ill., Mont., and W. Va.; it will apply in other states as soon as state insurance officials O.K. it.

"GO TAKE DANCING LESSONS," a N.Y. doctor told his patient: "They'll relieve your postoperative muscle stiffness." The patient took 3 years' worth, then listed their cost (\$4,068) as a medical deduction. But the Tax Court disagrees. "We cannot believe," the Court held recently, "that Congress intended to have...dancing instruction included within the scope of the medical deduction."

MUTUAL FUND FOR M.D.s ONLY is being set up for members of the A.A.G.P. Special features: a sales charge of only 2% (compared to the 7-8% most mutual funds charge) and an optional annuity plan that is 15-25% cheaper than the doctors could buy individually. The fund, which is awaiting S.E.C. approval, should begin operating early next year.

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<u>DOCTOR-POPULATION RATIO:</u> It's highest in New York (1.9 per 1,000) and lowest in Mississippi (0.7 per 1,000), latest nation-wide figures show.

INSTEAD OF FIGHTING THE U.M.W., Pennsylvania M.D.s have voted to launch a \$150,000-per-year public relations program to convince people of the following: "To the extent to which care has been substandard, we wish to elevate it. To the extent that economic abuses have developed, they should be curbed and prevented. To the extent that patients and third parties have been aggrieved, we wish to provide...equity and justice."

KNOW ANY INSTANCES OF MISUSE of expert medical testimony in court? The A.M.A.'s Committee on Medicolegal Problems is asking doctors to report all such cases to A.M.A. headquarters at once.

WHEN SMALL INJURY CLAIMS ARE MADE, some insurance carriers react like "glorified Pavlov's dogs," says Insurance Attorney Wilbur Jones of Columbus, Ohio: They automatically reach for their check-books rather than go to court. This is costing the carriers (and their M.D.-policyholders) money, Jones believes, because the claims are so often unreasonable. In 711 such claims that one major carrier fought in court last year, he points out, Jury awards averaged % what the plaintiffs asked.

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NEWS BRIEFS

IT STILL PAYS TO SHOP AROUND when buying a new car, a recent study by the University of Chicago' School of Business shows. "Buyers" who visited at least 3 different dealers were quoted prices from \$44 to \$64 lower than they'd have got otherwise.

PINKERTON GUARDS ARE ROAMING THE HALLS of the United Hospital at Port Chester, N.Y. Their assignment: to enforce the hospital's rule that patients may have only 2 visitors at a time. Explains Director Richard Ward: "Patients' recovery has been endangered" by too many visitors at once

BITTER RIFT among Michigan doctors over the \$7,500 income-ceiling in Blue Shield's family contract has been healed. The state's doctors have voted to lower the ceiling to \$6,500. The lower limit doesn't apply, however, to some 1,800,000 members of the United Auto Workers and their dependents: They hold \$7,500-ceiling contracts that are good until 1962.

SHOULD AN INDIGENT'S ELIGIBILITY for state-paid medical care depend on his moral character? Officials in Louisa County, Va., think so. They've recently refused to allot money from the State-Local Hospitalization Fund for the care of one aged invalid. Their reason: He was guilty several years ago of illegal conduct.

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MICAL RESEARCH DIVISION

Dear Doctor:

Patients frequently ask a professional man his considered opinion of hormone face creams.

During the thirty-year period our hormone creams have been on the market, much laboratory and clinical data have been accumulated concerning their use. We have recently compiled both previously published and hitherto unpublished research reports, and we have prepared a professional brochure from this material.

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Edward J. Masters, Ph.D.
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(as Panthenol) ... 1 ma.

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Medical Economics

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, NOV. 9, 1959

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Here are facts and figures to help you evaluate your spending for salaries, rent, and other big expense items

How You Can Analyze a Stock90

Want to know how a professional would go about choosing a specific issue for you? Here's one authority's step-by-step formula for a successful investment program

Most do little or nothing. Many are worried about it. A minority have been jolted into fitness activities—and enjoy them. Here's what 300 surveyed doctors say and do

That's what the doctors in one large city say. And they maintain that their fee splits are perfectly ethical—'because the entire medical community is participating and patients are fully informed.' Here's a first-hand report on the economic circumstances that may make such a situation more common than you think

More

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LATITUDE
IN SOLVING
THE PROBLEM
HYPERTENSION
WITHOUT
SIGNIFICANT
POTASSIUM
DEPLETION

RAUTRAX, a combination of Raudixin with Ademol (flumethiazide) — the new, safe non-mercurial diuretic — controls all degrees of hypertension. Elimination of excess extracellular sodium and water is rapid and safe. 1-5 Potassium loss is less than with other nonmercurial diuretics; 1-3 and, in addition, Rautrax increases protection against potassium and chloride depletion during long-term management by including supplemental potassium chloride.

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REFERENCES: 1. Montero, A. C.; Rochelle, J. B., III, and Fort, II. V.: New England J. Med. 260:872 (April 23) 1959. 2. Fuchs, III. Bodi, T., and Moyer, J. H.: Am. J. Cardiol. 3:676 (May) 1959. 3. Fuchs, III., and others: Monographs on Therapy 4:43 (April) 1991. 4. Montero, A. C.; Rochelle, J. B., III., and Ford, R. V.: Am. Heart. 57:484 (April) 1959. 5. Rochelle, J. B., III; Montero, A. C., all Ford, R. V.: Antibiotic Med. & Clin. Ther. 5:267 (May) 1959.

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Delinquency in the Suburbs
The supposed immunity of 'better' families to delinquency is an illusion, warns Author Harrison E. Salisbury. But 'the disease can be cured. We have the methods and the remedies. The way to begin is to look at the shook-up generation and how it behaves.' Hence his book 'The Shook-Up Generation,

the most significant parts of which appear here

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"Knock thet out of heace stuffiness

Sniffles and stuffiness "take the coundun

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Awake or asleep, your "cold patient" can be kept comfortably free of nasal dripping and congestion, watery eyes and stuffy head. These distressing symptoms are gently but effectively "knocked out" by longacting Naldecon's therapeutic one-two:

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Relief — within minutes — is easily maintained 'round-the-clock, through t.i.d. dosage of this unique nasal decongestant.



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6 MEDICAL ECONOMICS · NOVEMBER 9, 1959



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Four weeks ago, Mrs. C. was an anxiety patient, complaining of weakness, trembling, sweating, tachycardia, on the slightest exertion. Her symptoms followed family reverses; home life became disorganized, she couldn't cope with housework. Therapy with TRILAFON, 4 mg. t.i.d., and a weekly office visit to discuss her feelings have worked wonders in reactivating this patient. She's on maintenance dosage now, 2 mg. t.i.d., able to work very well, and wide-awake and active all day long.

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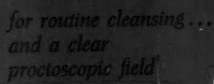


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 Gearren, J.B.: Trifluoperazine in Emotionally Disturbed Office Patients, Dis. Nerv. Sym 20:66 (Feb.) 1959.

 Phillips, F.J., and Shoemaker, D.M.: Treatment of Psychosomatic Disorders in General Pratia Report Accompanying Scientific Exhibit at the 12th Clinical Meeting of the American Media Association, Minneapolis, Minnesota, Dec. 2-5, 1958.

Proctor, R.C., and Gunn, C.G., Jr.: Treatment of Anxiety in Hosiery Mill Workers; Report Accorpanying Scientific Exhibit at the 108th Annual Meeting of the American Medical Association Atlantic City, New Jersey, June 8-12, 1959.

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the antacid with natural gastric mucin



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Letters

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Sirs: You report that Senator Wayne Morse thinks the Government should "take away from the doctors of America" the right to charge patients according to their ability to pay. He disapproves of "soaking the rich in order to aid the poor"—a policy not followed by the vast majority of physicians. Nevertheless, here's a suggestion for him:

The Senator should take a hard look at the way the Government gets the money to pay his salary. Doesn't Uncle Sam follow a "soak the rich to aid the poor" policy in levying taxes? Feeling as he does about the medical profession, Senator Morse ought to do all he can to end our graduated income tax system.

Is he prepared to back his convictions to this extent?

William D. Todhunter, M.D. Williamsport, Pa.

Gold Stocks Going Up?

Sirs: "What Gold Stocks Can Do for You" is a very good article. But I question the author's statement that if the Government were to raise the price of gold, "the price of gold stocks would probably skyrocket."

Foreign gold stocks might soar, but it seems doubtful that domestic ones would. Reason: The U.S. Government might well impose some sort of excess-profits tax on U.S. gold producers, in order to prevent their profiting from devaluation. Such a tax would certainly hold down the price of their stocks.

That's why we don't recommend domestic gold stocks to the investor.

C. Russell Doane American Institute for Economic Research Great Barrington, Mass.

SIRS: ... As a specialist in foreign securities, I don't believe the U.S. Government will raise the price of gold in the foreseeable future. If it did, the few gold-producing countries—i.e., the U.S., Canada, South Africa, and Russia—would be even richer, and the "have not" countries even poorer. This would upset the delicate international economic balance.

I'm not at all worried about the recent flow of gold from the U.S. Indeed, that flow (part of which is due to our foreign aid program) can

Letters

be a good thing, since it gives many foreign nations some gold reserves for the first time since World War II. And as long as Americans keep on producing what can be profitably sold, the amount of gold we have at Fort Knox is of minor importance.

It's my opinion that gold-mine stocks would prove to be a shelter only in the event of a devaluation of the dollar or a total depression. And I don't anticipate any-

thing that gloomy.

These are my personal opinions, of course. They're not necessarily those of my firm.

> Jan Popper Carl Marks & Co., Inc. New York, N.Y.

Costly Switching

SIRS: Your recent article titled "Is This Patient-Stealing? 'Not Any More!" is concerned with the ethics of handling patients who want to shift to you from another doctor. I view this as less an ethical problem than an economic one.

In these days of ever-expanding medical insurance, the patient . . . can change physicians without economic loss. But the insurance plans suffer a great loss from the

resultant needless repetition of expensive procedures. For example, new X-rays and laboratory tests with no regard to previous studies are a great burden to the insurance plans . . .

It's high time that physicians began cooperating to make it possible for a patient to change doctors without feeling like a criminal. I'd suggest a sign by office exits reading: "If you're going to change to another physician, please ask me for your records and X-rays."

Blair J. Henningsgaard, M.D. Astoria, Ore.

Not-So-Good Practices

My experience would not SIRS: confirm the thesis of your recent article "Good Practice Openings That Are Going Begging." Both my wife and I have always wanted to locate in a small town. Between 1951 and 1957, we moved three times, trying to find the right one. In that time I also interviewed a number of persons from other communities that had announced they wanted a doctor.

My conclusion always was that what they actually wanted was merely an emergency and first-aid doctor. For all obstetrics, all major and most minor surgery, and most check-ups, the townspeople preferred to travel to the bigger medical centers. This was true even

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Letters

though I had laboratory, X-ray, and electrocardiograph facilities.

Two years ago, I decided to stop bucking this situation. I took a job with a V.A. hospital. Since then I've met many other doctors who've had the same experience I had with small communities.

> F. T. Younker, M.D. Fort Meade, S.D.

U.M.W. Back Talk

SIRS: You recently reported that, as the United Mine Workers' area medical administrator, I'd given Dr. W. C. Hambley of Pikesville, Ky., an ultimatum: Either stop criticizing the union's local medical care program or stop accepting fees from it. You say Dr. Hambley branded this as a threat to his freedom—"and so he's still talking."

This area is in an economic depression. The local doctors depend on the U.M.W. Welfare Fund for a large part of their income. Dr. Hambley's behavior amounts to biting the hand that's feeding him.

Dr. Hambley is president of the Pike County Medical Society. Most of its members are staff members of the U.M.W. hospitals and participate in the union's medical care program. However, only twentytwo of the county's seventy practicing physicians belong to the medical society. The forty-five fulltime salaried physicians at the two U.M.W. hospitals in the county are denied membership.

Asa Barnes, M.D.
Area Medical Administrator
United Mine Workers of America
Welfare and Retirement Fund
Louisville, Ky.

Warning on Records

SIRS: In "How Long Should You Keep Patients' Records?" it is observed that (1) California has a one-year statute of limitations on malpractice actions, and (2) physicians in general are safe in retaining medical records on nonrecurrent patients for only one additional year after the statute of limitations has run out.

Both statements are true. But together they suggest to a California physician that he need retain his records on inactive patients for only two years. And *that* is untrue.

California does have a one-year statute of limitations. But our courts have drilled so many holes in it that it's indistinguishable from Swiss cheese. Aside from the usual extensions in case a patient is a minor or mentally incompetent, the rule in our state is that if a patient "does not know" of the negligent act or admission, the statute does not start to run until the patient obtains knowledge. More

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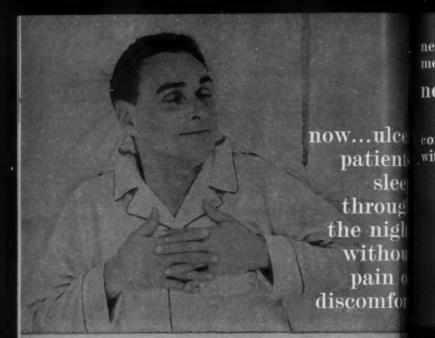
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Letters

Our courts have further ruled that the matter of the patient's knowledge is a question of fact for the jury to decide, not the judge. There's even strong indication in some of our judicial opinions that a patient who could have found out by reasonable inquiry is still not bound by the statute.

We've had suits filed in this state as late as a quarter of a century after the alleged negligent event. In at least one such case, the fact that all records had been destroyed made it impossible to defend.

Howard Hassard, Ll.B. Legal Counsel California Medical Association San Francisco, Calif.

Dangerous Road to Profit

SIRS: In a recent article, Dr. F. H. Halley claims to have profited by cutting back his practice. Apparently he has done it by raising his fees 25 per cent and accepting no house calls. But both these procedures may be very risky for most doctors.

Unless the physician has become established on a high professorial or consultant level, it's impractical for him to raise fees very much above the prevailing rate. If he does, he's almost certain to antagonize patients and colleagues. And house calls still constitute an essential part of practice in the eyes of

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- 2. "Relief lasted 2-3 hours." 1.3
- 3. "No toxic effects were observed." @
- 4. "In deep-seated throat infections where Streptococcus hemolyticus was the predominant organism, 50% were destroyed in the first 24 hours. In 84% of the cases, completely negative cultures were obtained in 72 hours." 1.2

CONCLUSIONS

1. "Chloraseptic is indicated in the following conditions because of its profound germicidal and anesthetic properties: acute tonsillitis, pharyngitis, post-tonsillectomy care, peritonsillar abscess and smoker's cough," 1.2

2. "Chloraseptic aids the natural healing process by producing analgesia at the source and reducing the bacteria count." 1.2

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1. Novick, Joel M., Chairman, Dept. Otolaryngology, Howard Univ. School of Medicine

2. Sodhi, G. S., Dept. Otolaryngology, Howard Univ. School of Medicine

3. Blum, Bertram: Evaluation of an Anesthetic Mouthwash. To be published

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Dr.

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Letters

laymen. Patients need assurance that they'll have *their* doctor at the bedside during acute illnesses.

The policy of eliminating house calls can succeed. But the public must first be educated as to the safety of bringing sick people to the office. Also, all local practitioners must be persuaded to conform to the no-house-call policy. Quite a task, to put it mildly.

Norman Schell, M.D. Jericho, N.Y.

Pediatricians' Problems

SIRS: In "Medicine's Most Frustrating Specialty," you quote a number of pediatricians' remarks about what's wrong with their field of practice. Part of the solution they offer to their difficulties is to "let G.P.s handle routine pediatric problems."

Well, if we pediatricians want this, G.P.s should be allowed to improve their pediatric skills by taking care of hospitalized children. Yet only pediatricians are permitted to do so in numerous places. As a result, the pediatricians reap the harvest of caring for those children outside the hospital as well, thus adding to their load of routine cases...

I wonder if there's really a need

for pediatrics as it's now practiced, or for pediatricians as they're now trained? Wouldn't additional pediatric training for G.P.s shift the load in the desired direction? And wouldn't we pediatricians greatly profit from an extra year or two of training? Then we'd have a much improved specialty...

Governor Witt, M.D. Palm Beach, Fla.

SIRS: ... Pediatricians themselves are largely to blame for much of the anxiety that's reflected in mothers' needless calls. The pediatrician is apt to make a big deal out of his physical examinations in order to compete with the G.P. Often he makes a woman a complete nut on feeding, etc., by indirectly trying to impress her with his importance. This is an easy trap to fall into, especially when starting a practice.

Anyhow, pediatricians are getting scarce. Medical students are hearing about the specialty's ratrace and are going into other fields.

Phoebe Hudson, M.D. Westwood, N.J.

Correction

In our Sept. 28, 1959, issue, we incorrectly identified David M. Cleary as president of the National Association of Science Writers. Actually, its president is Pierre C. Fraley.—ED.

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ferences: 1. Lhotka, F. M.: Illinois M. J. 112: 9 (Dec.) 1957, 2. Fabricant, N. D.: E.E.N.T. onthly 37:460 (July) 1958, 3. Farmer, D. F.: Med. 5:1183 (Sept.) 1958.

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1. Weiner, H. H.: Clin. Med. 5:25 (Jan.) 1958. 2. Giorlando, S. W., and Brandt, M. L.: Am. J. Obst. & Gynec. 76:666 (Sept.) 1958.

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Desage: One tablet before each meal.

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References: 1. Menger, M. C.: Clin. Med. 4:313 (March) 1957.
2. Charles, C. M.: Geristrics 2:110 (March) 1956. 3. Shuster, B. H.;
M. Clin. North America 40:1787 (Nov.) 1956. 4. Dolowitz, D. A.: Rocky Mountain M. J. 55:53 (Oct.) 1958.



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By-Effects of Three Other Ganglionic-Blocking Agents^{6,7,8} Compared with Those of Ostensin^{1,9}

	Other Agents	OSTENSIN	
Constipation	59-69% of patients	5% of patients	
Postural hypotension	33-59% of patients	37% of patients	
Visual disturbances	42-50% of patients	34% of patients	
Dry mouth	38-41% of patients	15% of patients	

"Of particular interest has been the virtual absence of constipation despite adequate blood pressure control. This finding suggests a lower risk of paralytic ileus...."

Supplied: Tablets, scored, 20 and 40 mg., vials of 100.

1. Dunsmore, R.A., et al.: Am. J. M. Sc. 236:483 (Oct.) 1958. 2. Blaquier, P., et al.: Univ. Michigan M. Bull. 24:409 (Oct.) 1958. 3. Smirk, F.H.: Submitted for publication. 4. Janney, J.F.: Submitted for publication. 5. Council on Drugs, A.M.A.: J.A.M.A. 166:640 (Feb. 8) 1958. 6. Freis, E.D., and Wilson, L.M.: Circulation 13:856 (June) 1956. 7. Moyer, J.H., et al.: A.M.A. Arch. Int. Med. 98:187 (Aug.) 1956. 8. Moyer, J.H., et al.: Am. Pract. & Dig. Treat. 7:1765 (Nov.) 1956. 9. Dunsmore, R.A. In Tislow, R.F., et al.: Scientific Exhibit. Presented at Annual Convention of A.M.A., San Francisco, June 23-27, 1958.



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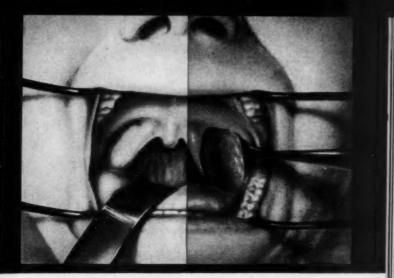
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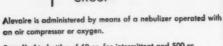
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News

Do Stock Splits Pay Off? Here's a New Rundown

Should an investor rejoice when one of the companies he holds shares in announces a stock split? Stockholders don't agree on the answer. A number of them can cite examples of stocks that have dropped disproportionately in value after the split.

But now the New York Stock Exchange's magazine, The Exchange, gives some figures on stock splits for the first half of this year—a near-record fifty-one of them. Of thirty-nine stock splits that took place during a three-month period, The Exchange reports that all but four of the stocks went up at least \$5 a share from the first price after the split.

A few came out far ahead. These were Zenith Radio, with a fat gain of \$61.50 per share; Smith, Kline & French, \$27.25; Libbey-Owens-Ford, \$26.87; Bell & Howell, \$24.50; and Thiokol Chemical, \$22.12.

Does this prove the theory that a stock split sends the price up? The Exchange doesn't say so. The upturns may have been primarily for other reasons—e.g., the general rise in the market during the first part of this year.

Plan Proposed to Counter Malpractice Sleuths

What's the best way to protect the doctor when an attorney wants to sift a patient's hospital records for material that might be used to start a malpractice suit? The hospital can simply reply: "Go see the doctor in the case."

That's the suggestion of Dr. Charles U. Letourneau, Northwestern University's professor of hospital administration. He believes his idea would do much to keep hospital records confidential. Dr. Letourneau's proposal:

"I would suggest . . . that each physician be given a carbon copy of the [hospital's] medical record and that . . . the hospital refer attorneys to the attending physician directly."

Protest on Parking Ticket Lands M.D. in Jail

Many cities haven't yet worked out rules for emergency parking by M.D.s. Can individual doctors in such areas work out their own

ON

Question: Why do so many physicians prefer Cafergot and Cafergot P-B for migraine and other recurrent throbbing headaches?

Answers: By leading clinicians, quoted from their published investigations.



"The highest percentage (83%) of patients with symptomatic relief is obtained by early and adequate administration of ergotamine and caffeine (Cafergot), alone or combined with antispasmodics

and/or sedatives (Cafergot P-B)." (Friedman, A. P.: J.A.M.A. 163:1111, March 30, 1957.)

"For those patients in whom nausea and vomiting occur so early in the attack that oral medication cannot be used, rectal administration is sometimes a simple and effective solution. Cafergot supposi-



tories ... and Cafergot P-B suppositories ... are useful additions to the armamentarium."

(MacNeal, P. S., et al.: Management of the Patient with Headache, 1957.)



"The tablets [Cafergot P-B] were especially useful when the headaches were accompanied by nervous tension and gastrointestinal upset Cafergot P-B Tablets constitute an important addition to the

treatment of vascular headache." (Blumenthal, L. S., and Fuchs, M.: Med. Annals District of Columbia 26:175, April 1957.)

first choice for migraine and other recurrent, throbbing headaches

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CAFERGOT TABLETS ergotamine tartrate 1 mg., caffeine 100 mg. Dosage: 2 at first signs of attack; if needed, 1 additional tab. every ½ hour until relieved (max. 6 per attack).

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When the headache is associated with nervous tension and G.I. disturbance

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CAFERGOT P-B SUPPOSITORIES ergotamine tartrate 2 mg., caffeine 100 mg., Bellafoline 0.25 mg., pentobarbital sodium 60 mg. Dosage: same as Cafergot Suppositories.

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News

rules? Judging by the recent experience of Dr. Joseph L. Atchison, it's risky.

Dr. Atchison practices in Springfield, Va. While making an emergency call in near-by Alexandria not long ago, he received a \$1 parking ticket. He figured his patient's welfare was more important than running around to get change for a parking meter. So he explained this in a letter to the local police chief.

"I wanted him to dismiss the ticket," says the doctor. "I felt they owed this courtesy to any doctor making an urgent call."

But the police chief didn't think so. He told Dr. Atchison to pay up or take his case to court. Since the doctor didn't have time to go to court, he wrote back telling the police they were taking the wrong attitude. This time he got action. Relates the doctor:

"Three police officers arrived with a warrant for my arrest. When my nurse asked them to wait until I finished examining a patient, they said they'd give me three minutes. If I didn't come out by then, they'd come in and get me."

The doctor came out-and was promptly hustled off to jail. He was locked up in a "small, dirty, smelly cell" with a drunk. He was kept there for two hours until a judge heard his case. More

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DURABOLIN, a totally new biologic stimulant, is the safest and most potent long-acting tissue-building agent now available to physicians Clinical studies, conducted on a broad scale for more than three years in England, Canada, Europe and the United States, indicate clearly the DURABOLIN exerts its revitalizing effects without the drawbacks and dangers characteristic of tissue-building steroids. Under the influence is DURABOLIN, normal cell growth is stimulated, muscular tissue mass in creased. Negative nitrogen balance rapidly becomes positive. Appetits improves dramatically. Weight gain occurs from increased solid tissue without fluid retention. DURABOLIN therapy may also relieve pain in both pre-senile and senile osteoporosis, possibly by stimulating regenerative processes of bone.

Given only once weekly by bland, intramuscular injection, DURABOUN produces a rapid, lasting sense of well-being, especially in the asthenic undernourished or debilitated patient.

DURABOLIN is notably less costly than oral anabolic therapy, and produces no growth of facial hair or acne when administered in proper dosage. And thus far, after ten million injections, there has been to evidence of hepatic disorders or progestational effects.

DURABOLIN is supplied in 1-cc. ampuls and in 5-cc. vials, providing 25 mg. of nandrolone phenpropionate (ORGANON) per cc. of sesame of

Average adult dose: 25 mg. (1 cc.) i.m. once weekly, or 50 mg. (2 ccl i.m. every second week. Write for samples with complete literature an bibliography on DURABOLIN: Organon Inc., Orange, New Jersey.

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Nandrolone phenpropionate injection, Organon

restores strength and vitality, builds working muscular weight, improves outlook and appetite

in:

anorexia
asthenia
burns
cachexia
convalescence
catabolic conditions
debility states
decubitus ulcers
mammary cancer
osteogenesis imperfecta
osteoporosis
pre- and post-surgery
retarded growth
uremia
weight loss

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Organon Inc. . Orange, N. J.

MEDICAL ECONOMICS · NOVEMBER 9, 1959 47

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The judge then suspended the fine and asked only \$3.50 in court costs. He agreed there'd been a "misunderstanding." So did Dr. Atchison.

One State Stops Sales of Low-Cost Life Insurance

New York State is halting the sale this month of "minimum deposit" life insurance—a type that's been particularly attractive to some doctors.* And insurance men say other states probably will ban it soon.

Doctors have been drawn toward "minimum deposit" because it gave big coverage for a small cash outlay. The policy had a high cash value in its first year; the buyer borrowed against this to pay the first-year premiums.

Thereafter, too, the policyholder continued to borrow against the policy's cash value to pay the premiums. Eventually he could maintain the policy solely by paying interest on the borrowed money. And his interest payments were tax-deductible.

What made New York's Department of Insurance stop the sale of such policies after they'd been on the market nearly three years? The following reasons were cited:

¶ Some people signed up for more coverage than they could afford, because of "incomplete and misleading sales illustrations."

The tax-deductible feature was being touted to people in income tax brackets too low for them to benefit much from it.

Insurance agents were getting first-year sales commissions that were often more than 90 per cent of the buyer's actual cash outlay.

Chiropractors Launch New Drive for Recognition

Chiropractors are licensed in all but four states: Louisiana, Massachusetts, Mississippi, and New York. Now they've decided to launch a new campaign to bring these states into line. So in the course of one recent week, the National Chiropractic Association's executive secretary, Loran M. Rogers:

¶ Served notice on New York legislators-and medical society opposition-that the fight for a licensing law is on again there.

¶ Launched a drive to woo editors to his cause with personal le ters and a pamphlet on "the nation's second largest healing profession."

The pamphlet is described as an "unbiased, objective appraisal" of chiropractic. It emanates from the Public Affairs Institute in Washington, D.C. It attempts to explain

[&]quot;See "New Low-Cost Life Insurance," MEDICAL ECONOMICS, Feb. 2, 1959.

Superior to aspirin



in reducing fever in the

"COMMON COLD"

In he management of symptoms of the common cold... fever, headache, malaise, muscular pains... why not weigh the advantages of Anacin over aspirin? Clinical literature has verified that a combination of analgesics in small doses appears to be more effective in relieving pain than either drug alone in its full analgetic dose. Anacin is such a combination. Further investigation has demonstrated that one of the ingredients in Anacin (acetophenetidin) is superior to aspirin in reducing fever... aspirin having only 60% of the antipyretic action of acetophenetidin. Well tolerated. No gastric upset.

ANACIN°

WHITEHALL LABORATORIES NEW YORK, N. Y.

References: 1. Goodman, Louis S. and Gilman, Alfred: The Pharmacological Basis of Therapeutics, sec. ed., 1935. 2. Krantx and Carr: Pharmacologic Principles of Medical Practice, 1954. 3. Hammes, E. M. Jr.: Pain Relieving Drugs, J. Lancet 79:07, Feb., 1952. 4. Brownlee, George: A Comparison of the Antipyretic Activity and Toxicity of Pharmacology 10: 609-620, 1937, Quarterly J. of Pharmacy and Pharmacology 10: 609-620, 1937.

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"why one out of five Americans turn to chiropractic in search of health." The booklet's explanation:

"The sick person visits his doctor of medicine when he is so sick that he just must get relief, or when his fear mounts to the point that he cannot avoid his doctor. But he stays away from that doctor as long as he can...

"Not so with respect to the doctor of chiropractic . . . By its very nature a chiropractic treatment is satisfying to the patient and is looked forward to with pleasant anticipation."

One reason the patient likes to go to the chiropractor, according to the booklet: "The doctor of chiropractic comes from a middle-class background. He is what we call an 'average American.' [He] comes from a home similar in most respects to that of the patient he treats. The understanding is immediate . . .

"It also has a bearing on the charges made, which he keeps modest and within the means of his patients as compared with the often high fees charged by the physicians whose high overhead and scarcity of competition pressure them to demand 'all the traffic will bear.'"

It's this lack of competition that

has made New York State "the most lucrative plum in the basket of the regular medical profession," the booklet contends. Chiropractor Rogers advises New York's law-makers to do some "soul-searching" because "forty-six states and the District of Columbia can't be wrong."

Immunity From Suit Granted For Emergency Medical Aid

Many a doctor has been repaid for emergency medical care by being made the defendant in a malpractice suit. Now a new California law says doctors in that state can no longer be held liable for the outcome when rendering medical care at the scene of an emergency. According to the new law:

"No person licensed under this chapter [Business and Professions] who in good faith renders emergency care at the scene of the emergency shall be liable for any civil damages as a result of any acts or omissions by such persons in rendering the emergency care."

One effect of the new law should be to resolve a dilemma that doctors have faced, says Dr. Dudley P. Bell, president of the Alameda-Contra Costa Medical Association. In the past, he notes, "the legal consequences of administering emergency aid frequently outweighed a doctor's feeling of moral responsibility.

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REFLECTION ON CORTICOTHERAPY:

The clinical aim, following immediate suppression of disease symptoms, is to maintain the patient symptom-free... with minimal side effects.

The logical course is to select the steroid with the best ratio of desired effects to undesired effects:



THE UPJOHN COMPANY KALAMAZOO, MICHIGAN

BED. M. S. PAT. OFF. -- METHYL PREDNISOLONE, UPLO

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NATURE PACKAGES WELL,

but not always sterile.

Johnson & Johnson pre-wrapped Patient-Ready Dressing are guaranteed to remain sterile in the package.

Specify the most trusted name in sterile dressings for hospital and office use.



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ssing "Too often," he adds, "emergeny treatment, usually performed with limited facilities, has been reaid by some of our more shortighted citizens in terms of six-figared malpractice suits. The prosect of future legal action has held ack many a doctor from giving id, which he felt more than likely ould be of only a limited nature."

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Let's Make Malpractice nsurance Compulsory'

Doctors have been put on notice once more that even if they aren't lirectly responsible in malpracice cases, they can still be named s defendants. The latest warning omes from Howard Hassard, leal counsel for the California Medcal Association.

He points out that malpractice uits are frequently filed against hospital staff doctors who've "acted only as voluntary consultants or who merely signed a chart, etc." Moreover, "studies . . . have demonstrated that at least 70 per cent of all malpractice cases arise withn hospitals . . . Each physician, therefore, has an interest in every other [hospital staff] physician's malpractice insurance."

What's to be done? A number of hospital medical staffs already require their members to carry a certain amount of malpractice insurance. Now the California Hos-



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pital Association is suggesting that the staffs at all hospitals follow suit. It has passed Attorney Hassard's warning on to member hospitals and has recommended that all medical staffs require doctors, "as a condition of staff membership, [to] carry adequate professional liability insurance."

How much malpractice insurance is "adequate" for a doctor? The recommendation leaves this question for the individual staffs.

Travel Agents Save Time— But Not Always Money

Doctors who contemplate a trip often wonder whether it's a good idea to let a travel agent make the arrangements. Now the magazine Changing Times offers this advice:

Sometimes a travel agent can be a big help. But it's wise to know in advance which of his services are free and which you must pay for.

Among his free services are transportation rates and timetables. The agent has them at his fingertips. And he may be able to make arrangements that you couldn't make on your own. Explains the magazine: "A hotel that turns down your room request may find space when the request comes from an agent who is a continuing source of business."

But behind an agent's free advice there may be a catch: He isn't going to show you bargains unless you ask for them. He wants to sell the highest-price tickets and rooms so he can collect the highest commissions from the transportation lines and the hotels. Especially "if you have that first-class, A-deck look," notes the magazine, "don't expect the agent to suggest anything beneath your level."

Here are situations where using an agent may cost you extra:

¶ If you are in a hurry or if you make last-minute changes in your plans. Then he'll bill for cable-grams and long-distance phone calls.

¶ If you buy rail tickets. Then there may be a handling charge frequently \$2.

If you reserve rooms in certain foreign hotels. When a hotel doesn't pay the agent's commission, you pay it.

¶ If you buy sight-seeing trips or local transportation through the agent. "You pay a hidden mark-up of at least 20 per cent" on these items, says Changing Times.

One Way to Find a Wife: These M.D.s Advertise

Some U.S. doctors can tell a tale about the way they met their wives. But it's a good bet that none of them began their courtships in the way now favored by many West in Upper Respiratory Infections



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German doctors: by putting an ad in a medical journal.

This method apparently works so well that doctors' widows and eligible aides have taken it up too. Here's a sampling of matrimonial ads in a recent issue of the Arztliche Mitteilungen (Physicians' Reporter) of Cologne:

¶ "Physician with own practice, Protestant, propertied, wishes to meet intelligent, lively, attractive woman doctor up to 45 years of age, to form a harmonious life and working companionship. Wanted: easy-to-get-along-with, kindly, warm-hearted person. Send picture."

¶ "Aide, 26 . . . would like to be wife and comrade to a physician. Who will write to me? . . ."

"Country doctor, without his daughter's knowledge, seeks physician to make a good husband for her and in a few years to take over my good practice. My daughter is a 36-year-old medical technician who has been helping me in this practice. She is blond, of medium height, pretty, and the motherly type. Likes animals and nature . . . Widowers with one or two children e not excluded . . ."

Don't doctors feel that such "lonely hearts" ads are beneath their professional dignity? Some do. But others explain that since World War II it hasn't been easy for German professional people to find suitable marriage partners.

Besides, say some Germans, the ads fit in with the European tradition of "arranged" marriages. One doctor puts it this way:

"We Europeans preserve the family. When an American doctor gets tired of his wife, he seeks divorce. A European in the same situation seeks a mistress. And with an 'arranged' marriage that's less serious than with a marriage rooted in romantic love."

Father, Dear Father, Your Blood Doesn't Match

When an unwed mother goes to court and names the father of her child, the man seldom denies it. Yet one woman out of every five points to the wrong man. That's the revelation made recently by Dr. Leon N. Sussman, a New York City pathologist—and he says he can document it.

How did he make his discovery? He invited participants in some five dozen court actions to submit to blood grouping tests. Fatherhood had previously been declared in these cases by the court. But Dr. Sussman's blood tests showed that six of those declared fathers really couldn't be.

Then he figured the statistical probability that a falsely accused nephro

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RENAL EDEMA

"In a study of 10 patients with the nephrotic syndrome associated with various types of renal disease, orally administered chlorothiazide was a successful, and sometimes dramatic, diuretic agent."

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Burch, G.E. and White, H.A.: A.M.A. Arch. Med., 183:369, (March) 1950.

Sesage: One or two 500 mg, tablets DIURIL once or twice a day.

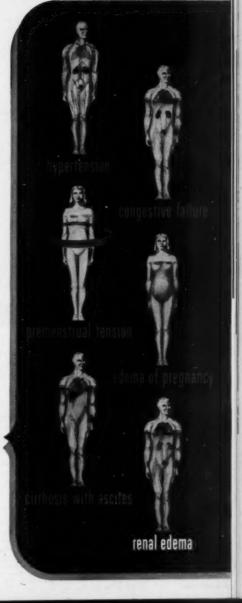
DIURIL

a continuing and consistently outstanding record of safety and efficacy in:

Supplied: 250 mg, and 500 mg, scored tablets DIURIL. (Chlorothiazide). DIURIL is a trademark of Merck & Co., Inc. Additional information is available to the physician on request.

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AN AGENT OF CHOICE IN MANY INFECTIONS

CHLOROMYCETIN

"In selecting the antibiotic of choice for treating urinary pathogens, in vitro testing is essential."

Numerous studies²⁻⁹ attest the wide antibacterial activity of CHLOROMYCETIN—...often effective against organisms which are resistant to the other broad-spectrum antibiotics." For example: "...it often provides a means of controlling infections due to such resistant organisms as *Proteus*."

"B. proteus exhibits a greater sensitivity to chloramphenicol than to other antibiotics," according to one investigator. Another reported: "Proteus bacilli are often drug resistant, but significant activity against them is exhibited by chloramphenicol...." In the latter study, CHLOROMYCETIN "...showed the greatest activity among the agents tested against E. coli, A. aerogenes, and Proteus species."

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in a variety of forms, including Kapseals® of 250 mg, in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

REFERENCES: (1) Holloway, W. J., & Scott, E. G.: Deleasers M. J. 29:159, 1987. (2) Suter, L. S., & Ulrich, E. W.: Antibletics & Chemother. 9:38, 1999. (3) Murphy, J. J., & Rattner, W. H.: J.A.M.A. 166:016, 1985. (4) Rhoads, E. S.: Pestgrad. Med. 21:853, 1987. (5) Horton, B. E. & Knight, V. J. Tenessee, M. A. 49:367., 1985. (6) Seneces, H.: Am. Pract. & Digget B. 1982., 1986. (7) Hall, W. H.: M. Clin. North America 49:101, 1939. (8) Senece, H., et al.: J. Urel. 81:384, 1959. (9) Wolfrohn, A. W.: Connectical Mat. 22:769, 1939.

92 strains

91 strains

87 strains

85 strains

IN VITRO SENSITIVITY OF PROTEUS SPECIES TO CHLOROMYCETIN AND TO FOUR OTHER ANTIBIOTICS*

858 strains CHLOROMYCETIN 68.4%

92 strains ANTIBIOTIC A 55.9%

191 strains ANTIBIOTIC B 39.2%

187 strains ANTIBIOTIC C 24.6%

ANTIBIOTIC D 16.2%

*Adapted from Suter & Ulrich.3

These antibiotics were tested by the tube dilution method, using a concentration of 12.5 mcg/ml. The percentages represent the total number of sensitive strains found in five Protous species.

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man can have the same blood type as the real father. Using these odds, he reasoned that at least an additional six men had also been falsely accused. On this basis, he estimates that at least 700 of the 3,521 men who admitted paternity in the New York City courts in 1957 were probably not the real fathers.

What would Dr. Sussman do about such mix-ups? He suggests that blood tests be required in all paternity actions. He argues that while this won't put the finge: on all the fathers, it will sift out many men who aren't.

Doctors Help Decide Parking Fines for Fellow M.D.s

In most big cities, the courts have had a tough time determining when doctors should be fined for parking violations and when they shouldn't be. But not in New York City. The courts there have turned the problem over to the doctors themselves. And they've found that "parking review committees" are stricter than the courts used to be.

Doctors who've received tickets plead their cases before other physicians who can tell an emergency call from a nonemergency. Frequently the reviewing physicians "will raise their eyebrows" at a story that the courts would probably accept, according to one medical society officer. The review committee recommends appropriate action to the chief magistrate, and the courts usually follow their suggestions.

Despite the parking review committees' strictness, sentences have been suspended in some 60 per cent of the cases reviewed. This has saved medical society members about \$45,000 a year in parking fines, plus the time they'd have needed for court appearances.

Sue to Collect? Maybe You'll Have to

So many creditors are going after some debtors these days that a reluctance to sue may put you last in line. So says Lee Hill, manager of a medical collection agency in Newark, N.J.

"Some 25 to 30 cents of every delinquent dollar that comes in here is being brought in by legal action," he reports. "Why? Because it's the only way some doctors can get paid. The people who sell things have loaded some buyers up with so many installment obligations that their doctors just can't collect without a court judgment."

Even some debtors recognize this, says Hill. His agency has been trying to collect on seven separate bills from a man who works for the City of Newark. Recently the man underwent a \$250 operation, and tooth eruption without family disruption

Corilin*

INFANT LIQUID

relieves discomfort and fretfulness of teething CORILIN also offers simplified dropper-administered management for

· cold symptoms

· postinoculation reactions

· pruritic conditions

Tasty and acceptable to babics, each ec. of raspberry-flavored CORLIN contains 0.75 mg. CHLOR-THIMETON B 3: deate (chlorprophenpyridamine maleule), 80 mg. sodium salicylate and 25 mg. glycinc. Available in 30 ec. bottle with calibrated plaatic dropper.



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this bill too was turned over to the agency. When asked about it, the man said:

"Look, the best way for you to collect this is to sue me and put a wage execution on my salary from the city. Right now I've got wage executions that will run for about four years!"

Door for D.O.s Will Open One Crack, Maybe Two

The door is opening wider to osteopaths. Last June the A.M.A. declared it ethical for M.D.s to practice in hospitals that are required by law to admit D.O.s to the staff. Now the American Hospital Association has decided to list such hospitals that have D.O.s on the staff. Such listings will include only those D.O.-staffed hospitals where osteopaths are under general M.D. supervision.

Listing these hospitals will probably mean opening the door to osteopaths two cracks, not one. That's because it may allow these hospitals to become accredited. The Joint Commission on Accreditation of Hospitals won't accredit a hospital unless it has an A.H.A. listing.

Right now the Joint Commission won't accredit a hospital with staff osteopaths even if it does have

such a listing. But a change may be in the offing, because, says Commission Director Kenneth B. Babcock:

"The Joint Commission is going to have to make a decision about this."

Hospital Locks Barn Door After \$150,000 Suit

Other doctors and hospitals may learn a lesson in "preventive medicine" from St. John's Riverside Hospital in Yonkers, N.Y. The hospital and two of its doctors were recently hit with a \$150,000 malpractice judgment in a blood transfusion case. A patient had died after getting the wrong pint of blood.*

Now the hospital has revamped its blood labeling system to cut down on the possibility of error. Here's the new system worked out by Dr. Harold Rubin, head of St. John's department of anesthesiology and one of the defendants in the court case:

- 1. The patient's name, blood type, etc., must be on a tag attached to the bottle of blood.
- 2. The same information must also be on a slip accompanying the bottle.
- The person giving the transfusion and the nurse who brings the blood must sign statements

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^{*}See "The \$150,000 Blood Transfusion," MEDICAL ECONOMICS, Sept. 28, 1959.

VESPRIN Squibb triflupromazine hydrochloride NAUSEA & VOMITING

Design: Intravenous, 5 to 12 mg. / Intramuscular, 5 to 15 mg. / Oral prophylaxis, 20 to 30 mg. daily / Supply: Tablets, 10, 25, and 50 mg., bottles of 50 and 500 / Emulsion, 30-cc. dropper bottles and 120-cc. bottles (10 mg/cc.) / Parenteral Solution, 1-cc. multiple dose vial (20 mg/cc.) / Vesprin Injection Unimatic (15 mg. in 0.75 cc.)

Vesprin/the tranquilizer that fills a need in every major area of medical practice/anxiety and tension states, pre- and postoperative tranquilization, alcoholism, and obstetrics

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saying they've checked the patient's name on both the slip and the tag on the bottle.

4. These signed statements must be clipped to the patient's chart, with a copy going in the patient's lab record as a doublecheck.

Don't Rush to Turn In Old E Bonds for New

Now that Uncle Sam has hiked the interest rates on Government savings bonds, series E, maybe you're wondering what to do about your old E bonds. Does it pay to drop them for new ones? Or does it pay to switch to H bonds, which also shared in the rate increase?

The answer to both questions, according to Government bond experts, is generally no.

The new law sets up a higher interest schedule for your old E bonds, besides boosting the new issues to a 3¾ per cent interest rate. If you've been holding on to your old bonds, some high-yield years are ahead for you. Under the new schedules, interest could rise to nearly 5 per cent on some of the older E bonds.

So it pays to hold on to old E bonds—with possibly one exception:

Some old E bonds still won't

yield much more than 3½ per cent. Those are the ones issued between 1946 and 1949. If you hold any of them, you might consider switching for new E bonds at the current 3¾ per cent.

The only disadvantage: taxes. If you've let the interest pile up on your E bonds, you'll have to pay the tax on it when you make the switch.

How about swapping your old E bonds for new H bonds? Again, bond experts suggest that it may pay you to make the switch if you hold E bonds purchased between 1946 and 1949. And there's no tax disadvantage in making this switch.

As noted above, the yield on those particular E bonds from now on will just barely top 3½ per cent, compared with 3¾ per cent for new H bonds. Your accumulated E bond interest can be applied tax-free to the purchase of new H bonds. So you won't pay taxes on this gain until your H bonds mature or are redeemed at par.

Doctors Urged to Control Use of Hospital Beds

Physicians, and not hospitals, are in the better position to help keep hospital costs down. They're the only ones who can stop unnecessary use of hospital facilities. So reasoned a Baltimore doctor, C. Reid Edwards, some time ago. Now his recommendations are be-

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forthetenseand nervous patient

relief comes fast and comfortably

-does not produce autonomic side reactions

-does not impair mental efficiency, motor control, or normal behavior.

Usual Dosage: One or two 400 mg. tablets t.i.d.

Supplied: 400 mg. scored tablets, 200 mg. sugar-

coated tablets or as MEPROTABS*-400 mg.

unmarked, coated tablets.

Miltown

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Atopic dermatitis before treatment

NOW... to relieve inflammation fast

- mg. for mg. the most active steroid topically—up to 40 times the potenty
 of hydrocortisone
- optimal not minimal steroid concentration for peak effectiveness...maximal contact at the site of the lesion
- stops the itch-scratch cycle to aid inflammation relief and maintain patient comfort day and night
- quick-acting broad antimicrobial activity when infection threatens recovery
- · no irritating steroid particles, no sting, stain, smell, stickiness

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^{*}NeoDECADRON and DECADRON are trademarks of Merck & Co., Inc.



After treatment

ACTUAL CLINICAL PHOTOGRAPHS

TOPICAL CREAM

NeoDecadron*

active ingredients

INDICATIONS: Allergic or inflammatory dermatoses, with or without pruritus; sunburn; insect bites; otitis externa (only if the drum is intact).

CAUTION: Steroids should not be used in the presence of tuberculosis of the skin.

DOSAGE: A small quantity of NeoDECADRON Topical Cream (0.1%) is applied to the affected area 2-3 times daily.

Additional information is available to physicians on request.

Product	active ingredients			
	Steroid Concen- tration	Dexamethasone 21-Phosphate (as the disodium salt)	Neomycin Sulfate	Supplied
NeoDECADRON Topical Cream	0.1%	1 mg./Gm.	5 mg./Gm. (equivalent to 3.5 mg. neomycin base)	5 Gm. (½ oz.) tube 15 Gm. (½ oz.) tube
DECADRON® Phosphate	0.1%	1 mg./Gm.	-	5 Gm. (% oz.) tube 15 Gm. (½ oz.) tube



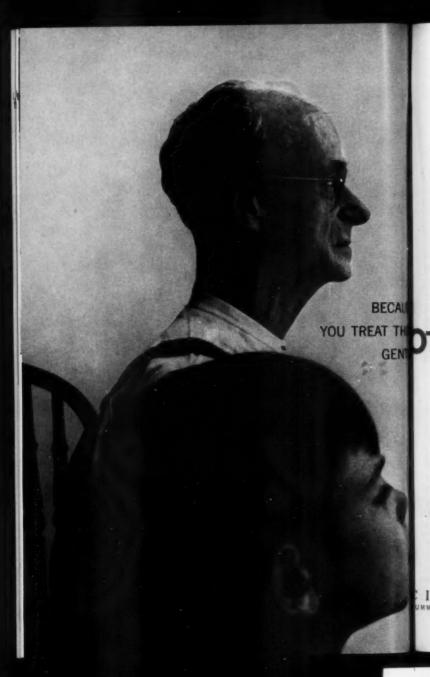
MERCK SHARP & DOHME, Division of Merck & Co., Inc., Philadelphia 1, Pa.

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"In no case...
was there any rebound congestion."

Your youngest patient as well as your oldest will find new Otrivin an unusually gentle yet remarkably effective nasal decongestant. Otrivin works quickly; its action is prolonged. Typical of many clinicians' reports is the one published by Kolodny¹: Of 64 patients studied, 92 per cent had good or excellent results. "In no case studied was there any rebound congestion. Local side effects were minimal. Extremely few systemic effects occurred. . . ."

TRIVIN

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FOR GENTLE RELIEF OF STUFFY NOSE

Otrivin is safe even for the very young. "The particularly striking feature of Otrivin solution was the absence of side effects, even in infants as young as two weeks." "It is effective in low concentrations and is a safe nasal vasoconstrictor for even the young patient."

Supplied: Otrivin Nasal Solution, 0.1%; dropper bottles of 1 ounce. Otrivin Nasal Spray, 0.1%; plastic squeeze tubes of 15 ml. Otrivin Pediatric Nasal Spray, 0.05%; plastic squeeze tubes of 15 ml.

REFERENCES: 1. Kolodny, A. L.: Antibiotic Med. 6:452 (Aug.) 1959. 2. Davis, M. R.: To be published. 3. Peluse, S.: In press.

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OTRIVIN® hydrochloride (xylometazoline hydrochloride CIBA)

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ing tried out in hospitals of two states.

Dr. Edwards worked out a way for medical staffs to cut down on hospital utilization. Then he sent letters explaining his plan to chiefs of staff of all Maryland hospitals.

The proposal? Each hospital is urged to set up a medical staff committee on the use of hospital facilities. The idea has been taken up by many hospitals in the state. Such committees are being advocated, too, in the neighboring state of Virginia.

Here are some of the things the medical staff committees are advised to do:

¶ See that diagnostic procedures such as X-rays and lab tests are carried out, as far as possible, outside the hospital.

¶ Check to be sure that patients aren't kept waiting unnecessarily after their hospital admission—whether for further tests, consultations, or surgery.

¶ Cut administrative red tape that sometimes holds up a patient's discharge.

New Home? Bigger Office? Don't Overlook Décor

How much does it cost to have an interior decorator do a new home or office? And is it worth the price?

These questions were answered recently by Business Week. According to the magazine's report on decorators' services, here's what you'll pay and what you'll get:

For the home, a professional decorator will first study your tastes and manner of living. His fee for this: at least \$25 an hour. He'll then make sketches and display fabric samples, color schemes, etc. Finally he'll take you or your family to showrooms and help select furniture and lighting fixtures. Frequently the decorator buys for you at a special price, charges you the list price, and makes his profit on the difference.

¶ For the office, says Business Week, decorating "is done on a cost-plus or fixed-fee basis, usually the latter. Hourly consultation fees start at \$100 . . . The contract fee is set at so much per square foot." These arrangements are best made before you sign a lease. Then the decorator can tell you what kind of fixtures to request from the building owner.

If you're interested, where do you find a competent interior designer? Business Week suggests you write to: (1) The American Institute of Decorators, 673 Fifth Ave., New York 22, N.Y.; or (2) The National Society of Interior Designers, Inc., 50 East Fifty-seventh Street, New York 22, N.Y.

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The nightmare of hypoglycemia

It can happen, almost without warning, to many diabetics on insulin. One moment, the patient appears normal; the next, he goes into a state of hypoglycemia, perhaps even shock. For some it is a terrifying threat with which to live.

But for many of these patients there is a rational alternative: *oral* management. On Orinase.* control is smoother, blood sugar levels are more steady—and the terror is dispelled. Some brittle diabetics are "stabilized" on combined Orinase-insulin therapy.

For all your responsive patients on Orinase, there is the assurance of better control and easier patterns of living.



MEDICAL ECONOMICS · NOVEMBER 9, 1959 7

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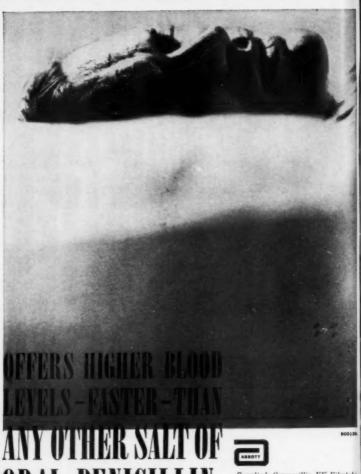
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ORAL PENICILLIN:

COMPOCILLIN°-V

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Supplied: Compocillin-VK Filmtabs, 125 mg. (200,000 units), bottles of 50 and 100; 250 mg. (400,000 units), bottles of 25 and 100. Compocillin-VK Granules for Oral Solution come in 40-cc, and 80-cc, bottles, When reconstituted, each 5-cc. teaspoonful represents 125 mg. (200,000 units) of potassium penicillin V.

in tiny, easy-to-swallow Filmtabso in tasty, cherry-flavored Oral Solution

72 MEDICAL ECONOMICS · NOVEMBER 9, 1939



5 convenient dosage forms permits most bronchial asthma patients to breathe rmally, live actively, avoid social embarrassment. Tedral keeps patients ely free of constriction, congestion and apprehension. When attacks are quent, prescribe 1 or 2 plain Tedral tablets q.4.h. plus an additional tablet the first sign of symptomatic breakthrough. Tedral protects up to 4 hours.

nula: Each scored, plain Tedral tablet contains: Phenobarbital, 8 mg. (1/4 gr.) (Warning: be habit forming); Theophylline, 130 mg. (2 gr.); Ephedrine, HCl 24 mg. (1/4 gr.)

TEDRAL

the dependable antiasthmatic



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there are more than 60,000,000 people over



and in this age group constipation is a common problem.²

physiologic
3 - way action
CHOLERETIC
DIGESTANT
LAXATIVE
for treating the causes and
symptoms of constipation

CAROID AND BILE SALTS TABLET act to restore the normal pattern of elimination. Bile salts help overcome biliary stasis so common in the over-40 age group; Caroid, a potent enzyme, increases protein digestion as much as 15%; and mild laxatives improve peristaltic rhythm and tone – keep stools soft and well formed.

Statistical Abstract of the United States, ed. 78, U.S. Department of Commerce, Buresu
of the Census, 1967, p. 6.
 Rehfuss, M. E.: Indigention, Its Diagnosis and Management,
Philadelphia, W. B. Saunders Company, 1943, p. 322.

Caroid® and Bile Salts Tablets

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SAMPLES ON REQUEST

AMERICAN FERMENT Co., INC. · 1450 Broadway · New York 18, N. Y.

74 MEDICAL ECONOMICS · NOVEMBER 9, 1959

Compazine for tranquility



Unlike agents which "tranquilize" the patient by making him sleepy or drowsy, 'Compazine' is remarkable for its freedom from drowsiness and depressing effect. On 'Compazine', patients often experience an actual alerting effect and enjoy an amelioration of mood that permits their enthusiastic re-entry into life and living. Wilcox1 observed that this alerting effect, which is uncommon in tranquilizing agents, is a "definite asset in treating ambulatory patients."

'Compazine' is available in Tablets, Spansule® sustained release capsules, Ampuls, Multiple dose vials, Suppositories and Syrup.

SMITH KLINE & FRENCH LABORATORIES



leaders in psychopharmaceutical research

Wilcox, F.: Dis. Nerv. System 19:118 (Mar.) 1958.

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Something to remember about mouthwashes...



There may come times in the course of your daily practice when you are asked to recommend a mouthwash—for a scratchy throat, for example, or a "furry" taste, or bad breath, or general oral hygiene.

If this question is asked, Doctor, you may suggest Listerine Antiseptic without any cautions whatsoever.

The Listerine formula, as you may know, is all but identical to that of liquor antisepticus, as listed in the National Formulary.

Listerine is not only effective, it is completely safe, even for small children. And Listerine Antiseptic is on hand and available in more U. S. homes than all other mouthwashes combined.

If you would like Listerine Antiseptic for home or office use, the special offer below might well be worth your consideration.

SPECIAL PROFESSIONAL OFFER-PROFESSIONAL GALLON SIZE \$2.50

Fill out the coupon below and send it in with your professional card and check or money order for \$2.50 made out to Lambert Pharmacal Company Division and receive prepaid a full gallon of Listerine Antiseptic.

THE REAL PROPERTY AND AND ADDRESS OF THE PART AND ADDRESS AND ADDRESS OF

Mail to: Professional Lambert Pharmacal Co	Service Dept. (122) mpany Div., Morris Plains, N. J.	
Name		
Address		
City	Zone State	

76 MEDICAL ECONOMICS · NOVEMBER 9, 1959

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inxiety control in all age groupswithout character distortion







BUTISOL® effectively reduces nervous irritability and tensionwithout causing apathy and irresponsibility. In a recent study of six widely used sedatives and tranquilizers, Butisol showed "The highest therapeutic index of any drug studied for control of daytime anxiety and insomnia. The lowest incidence of side effects, and least likelihood of cumulative toxicity."1

MBLETS - REPEAT-ACTION TABLETS . ELIXIR . CAPSULES

SHE'S COOPERATIVE





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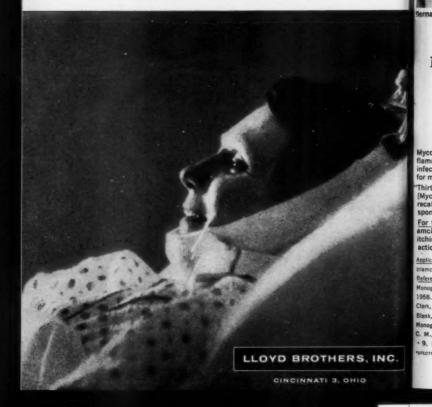
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for laxative results without laxative harshness

in surgery, hospitalized DOXIDAN or inactive patients

Restores normal bowel function by producing soft, easily passed stools gently assisted to defecation with the least possible disturb ance to normal body physiology. Evacuation is without strain or trauma-no "griping" or cramping-no bowel distension, no oily leakage or interference with essential food elements. Patient can is made much easier.

DOSAGE: For adults and children over 12, one or two capsules. For children, age to 12, one capsule. Administered at bedtime for 2 or 3 days or until bowel movement are normal. Supplied in bottles of 30 and 100 soft gelatin capsules.



for total management of itching, inflamed, 4 infected 56 skin lesions





dermatitis repens (with staph and monilia) 7 weeks duration

Cleared in 5 days

antipruritic/anti-inflammatory/antibacterial/antifungal

Mycolog Ointment — containing the new superior topical corticoid Kenalog — reduces in-flammation, 2.4 relieves itching, 1.2 and combats or prevents bacterial, monilial and mixed infections.5-7 It is extremely well tolerated, and assures a rapid, decisive clinical response for most infected dermatoses.

Thirty-one of 38 patients . . . obtained excellent or good control of dermatological lesions . . [Mycolog] was highly effective, particularly in the management of mixed infections. Several recalcitrant eruptions which had not responded to previous therapy were remarkably responsive to the daily application of this preparation over periods of 2 to 3 weeks."5 For total management of itching, inflamed, infected skin lesions, Mycolog contains triamcinolone acetonide, an outstanding new topical corticoid for prompt, effective relief of itching, burning and inflammation1-4-neomycin and gramicidin for powerful antibacterial action7-and nystatin for treating or preventing Candida (Monilia) albicans infections.8,9

Application: Apply 2 to 3 times daily. Supply: 5 Gm. and 15 Gm. tubes. Each gram supplies 1.0 mg. (0.1 %) triamcinolone acetonide, 2.5 mg. neomycin base, 0.25 mg. gramicidin, and 100,000 units nystatin in PLASTIBASE.

References: 1. Shelmire, J. B., Jr.: Monographs on Therapy 3:164 (Nov.) 1958. * 2. Nix, T. E., Jr., and Derbes, V J.: Monographs on Therapy 3:123 (Nov.) 1958. * 3. Robinson, R. C. V.: Bull. School of Med., U. Maryland 43:54 (July) 1958. • 4. Sternberg, T.H.:Newcomer, V.D., and Reisner, R. M.: Monographs on Therapy 3:115 (Nov.) 1958. • 5. Clark, R. F., and Hallett, J. J.: Monographs on Therapy 3:153 (Nov.) 1958. . 6. Smith, J. G., Jr.; Zawisza, R.J., and

Blank, H.: Monographs on Therapy 3:111 (Nov.) 1958. • 7. Managraphs on Therapy 3:137 (Nov.) 1958. . B. Howell,

C. M., Jr.: North Carolina M. J. 19:449 (Oct.) 1958. * 9. Bereston, E. S.: South, M. J. 50:547 (April) 1957.

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Squibb Quality the Priceless Ingredient

"SPECTROCIN'S, "MYCOSTATIN'S, "PLASTIBASE"S, "MYCOLOG" AND "KENALOG" ARE SQUIBS TRADEMARKS

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ACID TYPES from the Gelusil Family Album

AUNT FELICIA

Good-natured Aunt Felicia used to pooh-pooh talk about how hard it was to have children. She said all she ever minded was the miserable "heartburn" she had through every one of her nine pregnancies.

Of course today, in the prenatal care of her granddaughters, you can effectively control "heartburn" of pregnancy with pleasant-tasting Gelusil... the antacid adsorbent Aunt Felicia should have had.

Gelusil is all antacid in action . . . contains no laxative . . . does not constipate. Prescribe Gelusil with confidence for every patient's use at home and in the hospital. The choice of modern physicians for every antacid need.

Formula: Each tablet or teaspoonful contains: Aluminum hydroxide (Warner-Chilcott) 4 gr. Magnesium trisilicate (U.S.P.) 7½ gr.



the physician's antacid



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FROM THE A.M.A.

Iron sulfate and other iron salts, which have produced injury, may ultimately be replaced by safer iron compounds...

A.M.A. Committee on Toxicology. J.A.M.A. 170:676, June 6, 1959.

FROM FLINT

A <u>chelated</u> iron providing effective, well-tolerated oral therapy that <u>is safer</u>¹

FERROLLP® TABLETS SYRUP PEDIATRIC DROPS

(Iron Choline Citrate Chelate*)

Chelated iron (Ferrolip) is remarkably soluble; nonionized; not precipitated by pH up to 10.2; stable in presence of alkali, protein, phosphate, phytate. Liquid form does not stain or damage teeth and mixes freely with milk, formula, and fruit juices.

Daily adult dose of 3 tablets or 1 fl.oz. syrup provides equiv. of 120 mg. elemental iron. Bottles of 100 and 1000 tablets; syrup in pints and gallons. Each cc. of pediatric drops provides equiv. of 25 mg. elemental iron. In 30-cc. unbreakable plastic squeeze bottles.

Also available: During pregnancy - FERROLIP ob Tablets

For macrocytic and microcytic anemias - FERROLIP plus (Capsules and Liquid)

Flint, EATON & COMPANY

1. Franklin, M., et al.: Chelate Iron Therapy, J.A.M.A. 166:1685, Apr. 5, 1958.

*U.S. Pat. 2,575,611

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for the skin troubled by rash chafing irritations lacerations ulcerations burns rawness

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THE SPERMICIDAL GEL WITH BUILT-IN BARRIER

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Her fashion may be impeccable, but her brittle, ridged fingernails may suggest incipient iron deficiency anemia... and a therapeutic course of one of the Lederle hematinics. The advantages of these formulations in any type or phase of treatable anemias—marginal, mild, or severe—include (1) less g.i. distress and greater efficiency of the new form of iron, ferrous fumarate; (2) the unique action of AUTRINIC Intrinsic Factor Concentrate, permitting consistently higher B₁₂ uptake.

Three formulas permit dosage flexibility

Each capsule contains:	PRONEMIA 1 DAILY	FALVIN 2 DAILY	PERIHEMII 3 DAILY
Vitamin B12 with AUTRINIC®			
Intrinsic Factor	2 U.S.P.	1 U.S.P.	2/3 U.S.P.
Concentrate	Oral Units	Oral Unit	Oral Unit
Ferrous Fumarate	350 mg.	271 mg.	168 mg.
Iron (as Fumarate)	115 mg.	90 mg.	55 mg.
Ascorbic Acid (C)	150 mg.	75 mg.	50 mg.
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All three contain Autrinic

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Medical Economics

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, NOV. 9, 1959

Can You Cut Your Office Expenses?

Here are facts and figures to help you evaluate your spending for salaries, rent, medical supplies, and other big expense items

BY HORACE COTTON

Dr. Morton Munro called me from Florida. "They tell me you're one of these efficiency experts," he said. "Well, I've got a problem for you. My office overhead is way out of line. How about flying down here and showing me how to cut it by 10 per cent?"

"Doctor, I'd like to visit Florida at this time of year," I answered, "but I couldn't come committed to cutting your expenses. I might find it would be better for you to spend more money, not less."

He pressed the invitation anyway. So I hopped a plane a few days later. When I got to the Sunshine State, I spent a day studying my client's practice. Then I spent most of the evening ex-

THE AUTHOR is development counsel to Black & Skaggs Associates, Battle Creek, Mich., parent organization of the PM group of professional management firms.

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OFFICE EXPENSES

plaining ways in which a physician can cut his practice costs—and why it's usually inadvisable to wield the knife too savagely.

All this was news to Dr. Morton Munro. Some of it may be news to you. In this article, therefore, let's look at the major costcutting possibilities. Let's see what other doctors spend on the big practice-connected items. And let's try to come up with some rules of thumb that will help you gauge whether you're spending too much or too little on your practice.

CAN YOU SAVE ON SALARIES?

There are just two possibilities here. You can reduce the payroll by employing fewer aides. Or you can replace highly-paid personnel with lower-paid. Rarely do I see an office where either of these steps would be wise.

It does happen sometimes, of

course. Here are two instances of overstaffing I've seen:

¶ Surgeon Binswanger employs an elderly lady in his front office. She is not merely superfluous, but subtractive so far as the efficient operation of his office is concerned. He pays her

Average	Pay	vrolls	of	2.1	133	Doctors*
Aveluge		710113			-	DOCIOIS

Field of Practice	Annual Payroll	% of Gress	% of Overhead	
All fields	\$5,870	13.3%	35.5%	
General practice	5,746	14.1	34.3	
General surgery	4,637	10.7	34.3	
Internal medicine	5,058	13.4	34.5	
OB/Gyn.	6,019	12.5	37.0	
Pediatrics	5,813	15.4	38.1	

*PM clients in fifteen states. Partnership payrolls are included on a per-doctor basis. Figures are for 1958.

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Average Salaries Paid by 1,545 Doctors*

	Monthly Salary Paid to:					
Type and Place of Practice	Secretary	R.N.	Other Aid			
General practice in a						
Small community	\$235	\$286	\$240			
Medium community	253	318	263			
Large community	279	317	298			
Specialty practice in a						
Small community	254	281	269			
Medium community	271	311	265			
Large community	298	355	300			

for 1958.

\$200 per month. She's the widow of a surgeon. Dr. Binswanger promised his dead (and improvident) friend that he would "look after Harriet." This is the only way he knows how. It's the method he has chosen to make his monthly benefaction tax-deductible. There's nothing any consultant can do about it.

¶ Dr. Whittington hired a bright girl last May to do vacation duty for his two aides successively. She was so good at both jobs that he kept her on. "I don't need three girls," he admitted to me, "but she's insurance if one of the others quits.

She's better than either of them, too." You can guess the solution I offered. He wouldn't take it.

And here's one case where too-highly-paid personnel turned out to be a problem:

Drs. Storey and Mulvaney, both internists, employed a fulltime lab technician. Her salary was so high that it kept the lab from breaking even. Replacing the full-time technician with one who doubled as an all-around office aide brought the doctors' lab operation into the black.

But these cases are exceptions. In my observation, few medical

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offices are overstaffed; few doctors' aides are overpaid.

Take a look at the tables on pages 86-87, showing average payroll and salary figures drawn from 2.133 doctors in fifteen states-doctors who are clients of the PM group of professional management firms. Only you can say how their figures compare with yours. But I'll say this:

You Need Two Aides

These doctors employ an average of two girls apiece. I'd never recommend less for an established and growing practice. Nor would I recommend anything appreciably less than the salaries listed here.

Suppose you went ahead anyway and reduced your payroll by 10 per cent. Don't think you'd be saving that much. You'd lose your tax deduction on it. So your real saving might amount to less than two-thirds of the apparent saving.

By contrast, the opposite maneuvers-hiring more people, paying higher salaries-often bring really solid returns. They did in the following examples:

Hiring more help: Dr. Sonnenschein's office force expanded from two girls to five girls in six years. His office expenses went up from \$14,000 to \$30,000. But his net earnings went from \$26,000 to \$40,000. Sure, his income taxes have skyrocketed. But he's a lot better off than before, thanks largely to the additional aides.

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Paying higher salaries: Dr. Nightingale's secretary was lowgrade, low-paid. His nurse also was hired at a bargain rate, but she was no bargain: she was a chronic griper. The two girls almost ruined the patient-relations of a tip-top surgeon. Then both were replaced by high-caliber, well-paid girls. In just two years, Dr. Nightingale's net earnings were up 25 per cent. The cost to him-a 40 per cent hike in his payroll-turned out to be the best investment he ever made.

Don't Skimp on Salaries

What should you do about your payroll? Well, since it's probably the largest single item in your professional budget, it makes sense to watch it carefully.

Just remember that false economy here can be the wildest sort of extravagance.

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to attract the best type. Then demand performance that measures up to the monthly pay check.



CAN YOU SAVE ON RENT?

If your office rent represents about 5 per cent of your gross earnings, you're running with the crowd. The figure can go up to 7 or 8 per cent without raising a management consultant's eyebrows. He knows that a good office is a fine investment for any doctor.

He knows, too, that out-ofline rent figures may not indicate a real problem. Consider the case of Drs. Eisen, Edwards, and Verble. Each has 1,000 square feet of floor space in an aluminum-and-blue-glass "Medical Tower." The rent is \$4 per square foot per year. So each doctor pays \$4,000 a year. This is 8 per cent of Eisen's gross, 5 per cent of Edwards', and 4 per cent of Verble's. All three of the doctors are contented. So why should any- [More on 374]

Field of Practice	Annual Rent	% of Gross	% of Overhead
All fields	\$2,057	4.7%	12.4%
General practice	1,711	4.2	10.2
General surgery	2,007	4.6	14.8
Internal medicine	2,262	6.0	15.5
OB/Gyn.	2,551	5.3	15.7
Pediatrics	2,289	6.1	15.0

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Want to know how pro specific issue for you Her

On my desk is a list of the stocks owned by a Massachusetts physician. Dr. Bronson, as I'll call him, has now reached retirement age. He never enjoyed a very high income. But he managed to put \$30,000 into common stocks during the last ten years.

Over that same ten-year period we've had the longest, strongest bull market in American history. If invested wisely, the doctor's savings should have doubled or even tripled. But what are his stocks worth today? Just about what he paid for them.

Trouble was, Dr. Bronson didn't know how to pick stocks. He tells me he made his choices "by ear." As a result, although he owns a few first-rate issues,

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ow professional would go about choosing a youHere's one authority's step-by-step formula

BY DAVID L. BABSON

six of his holdings are nearly worthless and several others are shaky.

What the doctor failed to realize was that corporations have their own characteristics, just as people do. These characteristics can be analyzed and evaluated. And the wise investor takes a stock apart and sees what makes it tick before he puts his money in it. Even if he has a professional investment adviser, he can profit from understanding the adviser's formula for selecting a given issue.

Too much work for you? I don't think so. Your broker or adviser can supply you with the basic facts about a company. Given those facts, you can do a good dissecting job, if you're willing to spend a few hours at it. Here are the seven big questions to ask in determining whether or not a stock you're interested in has a promising future:

1. How fast have the company's sales been rising?

If you're interested in growth, see if there has been a steady uptrend in sales. Check the figures for at least ten years back. You can usually find sales statistics in the company's annual report. If not, you can get them from some such financial reporting

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THE AUTHON heads the Boston investment-counseling firm of David L. Babson & Co. He is co-author, with Thomas E. Babson, of the new book "Investing for a Successful Future," published by the Macmillan Company.

ANALYZING A STOCK

service as Moody's or Standard & Poor's. Your broker should have both of these available.

While you're studying the sales figures, take note of how consistent the year-to-year growth has been. If there have been drops, see how deep they've been and how swiftly the company has picked up afterward. In a true growth stock, sales shouldn't drop too much during a slump. And they should bounce back even higher.

If you want a stable, incomeproducing stock, look for the company whose sales have generally fallen off very little during recessions. Deep dips in sales are the first sign that a stock is cyclical. Unless you're willing to take big risks, you'd better stay away from any such issue.

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2. How big is the company's profit margin?

Profit margins measure a concern's efficiency in converting sales into income. For instance,

Before You Start Analyzing a Stock

1. Analyze yourself first. Ask yourself what you want your projected investment to do for you.

If you're approaching retirement or if you need some additional current income, you probably want to put your money into an income stock. Such issues pay a relatively high rate of return because they distribute most of their earnings in dividends.

But maybe you'd rather not swell your present income, since a big chunk of your dividend would only be taxed away. In that case, you want a growth stock-one that subordinates current yield to future appreciation.

There's a third investment objective that appeals to some doctors. They want to make a lot of money fast. So they venture into cyclical stocks, which swing up and down with changes in the business cycle. Investment Counselor David L. Babson calls such stocks "two-decision" issues. Reason: In order to profit from them, you must make two swift decisions: when to

if one company has a pre-tax margin of 10 per cent, this means that 10 cents out of every sales dollar winds up as profits; obviously, another company with only a 5 per cent margin must sell twice as much to earn the same amount. You can calculate a company's profit margin from its financial statement by simply dividing pre-tax profits by total sales.

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Thus, profit margins are an index of business health. A wide

margin indicates that the company's products are in strong demand, that they're made by modern, efficient methods, that competition isn't too fierce, and that management is successful in controlling costs. Furthermore, broad margins provide a cushion against recessions, higher costs, wage rate increases, etc.

The average pre-tax profit margin in all industry is about 13 per cent, but it varies widely from industry to industry. In a

buy and when to sell. And both decisions must be right. You've got to buy the stock when it's cheap (from some investor who's not too bright) and sell it when it's dear (again to someone not quite so smart as you).

Says David Babson: "Thousands of people play this risky game, trying to 'beat' the market and each other. I advise amateur investors not to try it. You'll do well to stick with either an income or growth stock, depending on which best suits your investment objective."

Once you decide on your investment objective, your next step in picking a suitable stock from among the 4,000 listed on the major exchanges is this:

2. Narrow the field down by choosing an industry that seems suitable.

Say you have a couple of thousand dollars to invest in a common stock. What industry seems the most appealing at the moment? The answer depends in part on the kinds of stock you already own and on the current outlook for different business fields. Primarily, though, it depends on your own goals.

If you want growth, for example, you'll settle only for an

ANALYZING A STOCK

good growth company, the margin is typically wide-often between 20 and 25 per cent. The margins of income companies are usually much smaller-5 to 15 per cent.

So you'll want to compare the profit margins of all the companies you study. And you might also ask your broker or financial

adviser to go back a few years and let you know what the trend has been in a given concern. Is its margin relatively high and getting higher? Or is it slipping, as compared with the others?

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3. How much money does the company spend on research?

"Discovery" is one of the most powerful forces in business to-

Before You Start Analyzing a Stock (cont.)

industry that seems especially likely to expand. Over the last decade, the electronics industry has grown at an average annual rate of 21 per cent, plastics and drugs at 12 per cent, aluminum at 9 per cent—all much faster than the 3 per cent national average. Other industries with above-average growth include chemicals, oils, life insurance, and electrical equipment. So it's among such groups that you'll find your best prospects for growth.

But you may already own stocks in one or more of them. If so, you don't want to put too many of your eggs in the same basket. For the sake of diversification, you'll do well to select a source you haven't yet tapped. So ask your broker or financial adviser for some helpful suggestions.

And if you're looking for outstanding growth, avoid the regulated industries no matter how fast their sales are climbing. Even the airlines, with all their technological advances and soaring traffic, haven't lived up to their investment promise over the years, because their operations—particularly the fares they may charge—are closely regulated.

For steady income rather than growth, David Babson suggests you turn to one of the stable industries: food, tobacco, utilities, banks, and many other types of consumer product. The volume of business in such fields seldom varies much from

day. It's this, as much as any other single thing, that makes a stock a growth stock.

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Last year, Eastman Kodak, long a research leader, reported that 40 per cent of its 1957 sales had resulted from new products introduced that very year. Similarly, General Electric has said that 35 per cent of its sales one

recent year were of products that didn't exist before World War II. It has been estimated that 75 per cent of I.B.M.'s current sales are of products introduced since 1949.

But though all the growth industries are research-minded. there are big differences in the sums that individual companies

peak to trough of the business cycle. So their major characteristic is apt to be stability of earnings, sales, and dividends.

The cyclical stocks are found in industries subject to broad swings in demand—e.g., steel, machine tools, building materials, and railroad equipment. In boom times, these industries ride the crest. In business slumps, their earnings and dividends almost always drop sharply. ("Which is why they're so chancy," says Investment Counselor Babson.)

3. Once you've selected an industry, narrow your choice to the dominant companies in it or a specialized branch of it.

Your broker should be able to give you a list of, say, the six largest companies in the field. Why does David Babson recommend sticking with the leaders? Because he assumes that you don't want to take too many long chances, and the leaders seem to do best in the long run. An industry's top companies don't have to fight an uphill battle to establish markets and build plants. And usually (though not always) the leaders are the most efficient and best-managed concerns. They also have the resources to maintain large research programs.

So for a choice that offers reasonable promise of success, it's best to stay with the dominant companies in your industry. How do you analyze the prospects of those companies and pick the one most likely to satisfy your investment objective? You do it by ferreting out the answers to the seven questions discussed

in the accompanying article.

ANALYZING A STOCK

spend. The chemical industry, for example, is traditionally a research leader; it annually spends an average of about 3½ per cent of sales on the search for new and improved products and methods. But one leading chemical company spends 5 per cent

a year, while another spends only 2 per cent.

How can you check on the extent of a research program? Only an expert can assess the *quality* of it. But a steadily increasing number of companies are revealing the *quantity* in their annual

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Companies A and B are real companies whose shares are listed on the New York Stock Exchange. They're leaders in their respective fields; each is well managed and financially strong. But there are important differences between them in such vital areas as the nature of their business, sales characteristics, profit mar-

COMPANY A

Its labor costs in 1958 were 31 per cent of sales. Its research expenditures in 1958 were 4 per cent of sales. Other key figures for the last ten years:

	Sales in Millions	Pre-Tax Profit Margin	Earnings Per Share	Price- Earnings Ratio		Dividend Pay-Out (% of Sales)
1959(Est.)	\$450	25.0%	\$3.40	38.5	\$1.60	47%
1958	376	22.4	2.58	36.8	1.20	46
1957	370	20.5	2.34	34.0	1.20	51
1956	331	23.0	2.30	28.0	0.98	44
1955	282	24.8	2.07	23.6	0.83	47
1954	231	21.2	1.47	25.0	0.65	51
1953	220	22.3	1.07	23.4	0.50	42
1952	185	22.3	0.98	22.4	0.50	40
1951	170	23.2	0.96	25.2	0.50	55
1950	153	26.8	1.26	12.3	0.40	32

reports. It's my feeling that the best company to select is one that spends at least as much as the average percentage on research, and preferably more.

4. How high are the company's labor costs?

If such costs are low, the con-

cern is less apt to be bedeviled by rising wage rates, fringe benefits, and labor organizations. Companies with low labor costs usually employ fewer people but pay them better. So labor relations are likely to be less troublesome.

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gins, price-earnings ratios, and dividend policies. On the basis of the information given below, which stock would you consider the better current selection for long-range growth? After making your selection, turn to page 98 for Investment Counselor David Babson's choice.

COMPANY B

Its labor costs in 1958 were 13 per cent of sales. Its research expenditures in 1958 were 0.5 per cent of sales. Other key figures for the last ten years:

	Sales in Millions	Pre-Tax Profit Margin	Earnings Per Share	Price- Earnings Ratio	Dividend Per Share	Dividend Pay-Out (% of Sales)
1959(Est.)	\$1,100	11.0%	\$4.75	18.3	\$2.60	55%
1958	1,053	10.9	4.42	14.5	2.30	52
1957	1,009	10.5	3.98	11.3	2.00	50
1956	986	9.6	3.62	12.7	1.80	50
1955	931	9.3	3.31	13.0	1.60	48
1954	825	8.4	2.64	12.9	1.45	55
1953	783	8.0	2.33	12.2	1.32	57
1952	701	7.8	2.15	11.1	1.20	56
1951	633	8.1	1.76	12.5	1.20	68
1950	589	9.0	2.29	10.5	1.15	50

ANALYZING A STOCK

Companies with high labor costs seem to suffer from the tendency of wage rates to creep up faster than efficiency. In boom times, such concerns may be able to pass wage increases along in the form of higher prices. But in slumps, high, inflexible wage costs are a real headache.

To find out whether labor costs are relatively high or low, you relate them to sales. It's easy to do. You simply divide total labor costs by total sales. (Most companies report their laborcost figures in their financial statements.) Then compare the labor-cost ratio to that of other companies.

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5. How sound is the company financially?

Soundness refers to the ability of the organization to pay its bills when they fall due. If you're analyzing one of the blue-chip stocks, you needn't worry too much about this. But with a smaller or lesser-known con-

WHICH STOCK?

(See Page 96)

Which of the two stocks analyzed would Investment Counselor David Babson select? "My choice is Company A," he says. "It has a consistent and above-average rate of sales growth and a high profit margin; it spends an above-average amount on research; it has a satisfactory labor ratio; and it finances its growth out of retained earnings rather than through the sale of additional shares. Thus, its earnings per share are growing even faster than its sales."

What's wrong with Company B? "Not a thing," says David Babson. "But its growth rate isn't nearly so fast as that of Company A; its profit margin isn't so wide; and it doesn't emphasize research as much. True, judging by the price-earnings ratios, Company A's stock is much more expensive. But, in my opinion, it's worth the difference. For long-range growth, I'd give Company A the nod."

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First, see how current assets stack up against current liabilities. Current liabilities are the debts that the company must pay in the next twelve months. Current assets are the funds it will have with which to pay those debts. Both figures are in the company's balance sheet.

Most financial analysts say that current assets should be at least twice as large as current liabilities in order to provide a margin of safety. Because of the nature of their business, public utilities can get along on a much lower ratio. But most industrial concerns can't.

Next, check the ratio between a given company's outstanding bonds and its common stock. The answer will indicate whether the company may be top-heavy with debt, saddled with fixed interest charges that could mean trouble if its income dropped. Many investment men feel that bonds shouldn't represent more than 25 per cent of a company's total capitalization (though, again, utilities are in a different

position and usually have a 45-55 per cent debt ratio).

The bond ratio also measures how much "leverage" there is in the stock—in other words, how much it will bounce up or down with changes in earnings. Reason: Bonds get first call on a company's income; common stocks get what's left. So the bigger the bond ratio, the greater the leverage on earnings and dividends is likely to be—and the more speculative the stock.

6. How does the company pay for expansion? Does it plow back its earnings, or does it sell additional securities?

This is a key question in deciding whether a stock suits your needs. If you're looking for current income, you might prefer a company that pays out most of its earnings in dividends. American Telephone, for example, usually distributes about 70 or 75 per cent of its earnings—a typical figure for income companies.

To get money for expansion, such a concern must either borrow money or sell new stock, which dilutes the equity of current stockholders. That's a ma-

ANALYZING A STOCK

jor reason why income companies offer less chance of capital gain.

So if it's growth you want, you should do much better with a company that reinvests a big part of its profits. A typical growth company will plow back from 40 to 70 per cent of its earnings. You get smaller dividend returns now, but you're almost certain to receive bigger benefits later.

To find out how much of its profits a company retains, take a look at its income statement. If it earned, say, \$2,000,000 last year but paid dividends of only \$1,000,000, the plow-back is almost certainly 50 per cent.

7. How good a buy is the stock at its current price?

Nearly every issue is a good buy at some price; but you can pay too much for even the best stock. After you've narrowed your selection down to two or three candidates, you face the hard question of which is relatively cheapest at current prices.

The most important single yardstick of stock values is the price-earnings ratio: the relation between the current market price and the earnings per share. For example, if a stock is earning \$2 a share and now sells for \$40, the price-earnings ratio is 20.

Price-earnings ratios vary widely. To illustrate: I.B.M. has rarely sold for less than 25 times earnings, and the ratio has often been as high as 40; but Anaconda Copper has rarely sold for more than 15 times earnings, and in many years the ratio has been less than 7.

Is I.B.M. too expensive today, or is Anaconda too cheap to be desirable? The only way to get an answer to such a question is to examine the price-earnings ratio for each company over a period of years, and to compare it with the way ratios of other stocks have changed during that time.

In evaluating whether a stock you're considering is a good buy, ask your broker or adviser to give you the figures on what the company's price-earnings ratio has been since, say, 1949. If the stock has been selling all along for 10 times earnings, and if the ratio has suddenly shot up to 25, the stock may [More on 384]

What Doctors Do to Keep in Shape

Most do little or nothing. Many are worried about it. A minority have been jolted into fitness activities—and find they can be fun. Here's what 300 surveyed physicians say and do about exercise

BY CLIFFORD F. TAYLOR



BICYCLE AND DOGS give Dr. Irving Auld his early morning workout. He's a G.P. in Clintonville, Wis.

N ine out of ten physicians heartily favor some specific program to keep themselves physically fit. Four of them try to do something about it. Five say they should—and then explain why they don't in terms ranging from self-accusation to defiance. The tenth man? He says exercise is hokum.

These conclusions are drawn from a recent MEDICAL ECO-NOMICS survey of 300 practicing physicians across the country. Purpose: to learn what the typical doctor is doing to keep himself in physical trim.

Seventy-five of the 300 doc-

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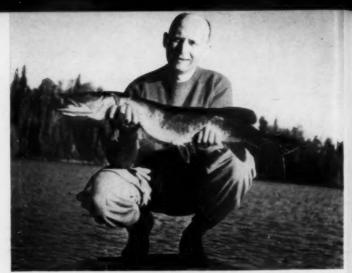
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YEAR-ROUND FISHING is diversion and exercise for physicians like Dr. Wilfred E. Wooldridge of Springfield, Mo., who's caught a muskie.

tors surveyed say they have a specific program for keeping fit. But when the "specific" is detailed, the "program" often loses its right to the name. For instance, one man's self-imposed discipline consists of "playing golf twice a month." Another man's stern regimen turns out to be "fishing in season." Still another's program is described as "mowing my lawn."

A better indication of the extent to which doctors try to keep fit comes from their replies to the question: "How often do you engage in some form of athletics or calisthenics?" Of the 300 doctors:

52 say "daily."

95 say "weekly."

68 say "monthly" or "occasionally."

85 say "seldom" or "never."

Among the daily exercisers, "fitness" rather than "fun" seems to be the watchword. Seven out of ten in this group swear by calisthenics. And all of them seem to be satisfied with the results. Typical testimonials:

"I've been doing daily calisthenics for six months," reports a Detroit doctor. "My weight is to

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down, I feel better, and my flabbiness is beginning to disappear."

A 65-year-old physician in Monterrey, Calif., says he's "considered much younger than my age"—all because of twenty-odd years of daily setting-up exercises.

They Stretch and Bend

What sort of exercises? They run the gamut among the daily calisthenics clique. They range from rhythmic running to lifting weights, from "hurdle stretches" to "finger flutters." Some men make a family affair of it, with wife and kids joining in. Others struggle on alone—but to music.

What about the physicians who exercise daily but don't go in for calisthenics? These men use their ingenuity as well as their muscles. Thus:

If "I'm usually out on the road at 6 A.M. with my three cocker spaniels," reports a 61-year-old Wisconsin G.P. "In bad weather I'm on foot; in good weather, on a bicycle. If on foot, I run past two telephone poles and walk past two. I go about two miles that way. On the bike, I go four.

Some mornings I don't feel like it, but the dogs always do, and so I go."

¶ A 42-year-old physician in Houston, Tex., finds the hospital an ideal place for his daily work-out. "Several years ago, after impatiently waiting for an elevator, I climbed the stairs to the sixth floor," he reports. "At the top, I had to rest five minutes to catch my breath. Since then, I've used the stairs at least once every day. I can now run from the first

HUNTING twice a week in season helps Dr. Clyde V. Croswell of Memphis, Tenn., keep in shape.



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SKIN DIVING makes up part of the fitness program of Dr. Curtis H. Swartz of San Diego, Calif.

to the eighth floor without becoming short of breath."

How about those doctors who don't go in for daily workouts but who still get some exercise every few days? They too insist on fun along with their fitness. Typical examples:

¶ An internist in Boston skis two days every two weeks during the winter. In summer, he hikes, climbs mountains, plays baseball with his children. "Most of my associates are completely out of condition," he reports. "They think my ideas on the subject are radical. But they often speak a bit enviously of how trim I look."

¶ Several doctors say that group exercise takes the grimness out of it. Reports an OB man in Pasadena, Calif.: "I go twice a week to a supervised program at the Athletic Club. We do calisthenics for half an hour, swim for half an hour. It's a welcome break between babies."

They Love to Swim

What are the favorite activities of doctors who exercise at least once a week? Swimming (often in their own pools) is now at the top of their list. That old stand-by, golf, comes next. Third is gardening or "working around the yard." The rest of the top ten rank as follows: tennis, walking, fishing, bowling, hunting, sailing, and skating.

Some other reported activities may seem a little less than seri-

ous attempts to stay in condition. But the doctors think otherwise. Says a Tennessee physician: "About a year ago, I started playing Ping-pong five nights a week with my 15-year-old son. I've been at it ever since. It has strengthened my legs and back, toned up my muscles, and been a good tonic for me."

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riat ng wld d d A surprising number of muscle-flexing M.D.s say they've been jolted into it fairly recently. "I was being fitted for a suit a couple of years ago," says an anesthesiologist in New York City. "Suddenly the sight of myself in the three-way mirror filled

me with complete disgust. The next day I started playing handball at the Y. I've been playing twice a week ever since."

"The sudden death of a colleague made me do some hard thinking," a San Diego man says. "I started a fitness program, and I've kept it up: golf, tennis, skin diving, and calisthenics. I took off thirty pounds fast, and I've maintained my normal weight for the past five years."

Several other doctors say they started keeping in shape after their hearts had served notice. "I started on my program after recovering [More on 349]



WATER SKIING calls for balance, muscle, technique—and an occasional dip. Dr. F. Dale Nelson of South Bend, Ind., says it's fine exercise.

'The Whole Town's

SPLITTING FEES!

BY JOHN R. LINDSEY



n Cranston City, we all split fees. And we do it ethically because we do it openly!"

That's what a doctor said to me in the Submarine Lounge of Atlantic City's Hotel Traymore during last June's A.M.A. meeting. When I nearly choked on the coffee I was drinking, he said: "Why don't you come down and see for yourself?"

So I did. That's why I'm call-

ing the town Cranston City—a fictitious name for a place of more than 100,000 population in one of the Middle Atlantic states.

I don't believe the doctors I talked with would refuse to permit me to use real names. They don't go in for euphemisms themselves: They don't hesitate to call what they do "fee splitting." But I well remember what

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That's what the doctors in one large city say. And they maintain that their fee splits are perfectly ethical—'because the entire medical community is participating and patients are fully informed.' Here's a first-hand report on the economic circumstances that may make such a situation more common than you think



one local man said during our frank conversation:

"We think what we're doing is right. We're not ashamed of it. But we don't want to stir up a fresh controversy over fee splitting with the American College of Surgeons or the American Medical Association or our state medical society."

Anyhow, names aren't important to this story. It's a story of how one city's doctors are wrestling with very real problems of economics and ethics. And I suspect that the circumstances that make fee splitting seem to be an economic necessity in Cranston City are by no means confined to Cranston City.

While I was there, I tried to keep my mouth closed and my ears open. But I made a point of bringing up one subject in most of the conversations I had with physicians.

I reminded them of A.C.S. Director Paul Hawley's widely quoted remark of a few years ago. "There are two sins in fee

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SPLITTING FEES

splitting," said Dr. Hawley. "The venial sin is secrecy. The mortal sin is inducement." And he asked: "How can the patient protect his own interests if he's not informed of the financial arrangements? How can he protect himself if he's referred—nay, if he's

sold-to the unscrupulous specialist who pays the highest price for him?"

The response of one Cranston City man: "Of course, I think Dr. Hawley is right as far as secrecy and inducement go. But I don't think these charges apply

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Because of the controversial nature of the accompanying article on fee splitting as openly practiced in one Eastern city, MEDI-CAL ECONOMICS sent prepublication copies of the article to medical leaders in various parts of the country and asked them to comment. Here are some typical reactions:

From Dr. John W. Cline of San Francisco, former A.M.A. president: "I don't question the accuracy of the article, but it's certainly a bad situation and a sad commentary on the ethics and decency of the physicians of the community."

"It's still the same old wolf, now in sheep's clothing," comments Dr. Anthony J. J. Rourke of New Rochelle, N.Y., former president of the American Hospital Association. "The doctors have made an excellent effort to rationalize, but their slip still shows."

Says a spokesman for the American College of Surgeons: "The College's position on fee splitting is so well known that no comment is necessary on this particular situation."

Comments Dr. W. Benson Harer of Upper Darby, Pa., a trustee of the Pennsylvania state medical society: "The fact that fee splitting is practiced widely and openly in this particular city without attempt at concealment does not make it ethical. Nor does its apparent acceptance by patients. Secrecy is only one unethical factor in fee splitting. Exploitation of patients is

to us. I suppose we have some venial sins, in the sense that they're forgivable. But secrecy isn't one of them. We're frank with the patient. We tell him whom he's paying, how much, and why."

He paused a moment, then

said: "Mortal sins? Maybe. But inducement isn't the reason we split fees. Most of us have all the patients we can handle. We don't have to 'buy' or 'sell' them."

"Then why split?" I asked. "Certainly there must be an economic reason."

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another. If such exploitation doesn't actually exist, the feesplitting situation in this city makes exploitation an ever-present danger. It's obvious that the bill for a surgical procedure is double the amount the surgeon himself considers suitable compensation for his own services."

And Dr. Harer raises the question of whether a fifty-fifty division of a surgical fee is actually legal. He says: "In Pennsylvania, doctors have been tried and convicted for reporting claims to Blue Shield for services performed by another physician."

On the other hand, others who have read the article think the Cranston City doctors may be on the right track. Says Mac F. Cahal, executive director of the American Academy of General Practice: "Bravo! This should cause wide reverberations for months to come!"

And Internist James B. Graeser of Oakland, Calif., who heads a fee-survey committee of the Alameda-Contra Costa medical society, says: "These doctors have found a straightforward solution to a current dilemma in ethics. I feel certain their solution will ultimately be an acceptable procedure—acceptable to the medical profession. Meanwhile, this article should stimulate the profession to explore the subject more vigorously."

SPLITTING FEES

"There are a good many reasons," the doctor replied. "For one thing, about three-fourths of the 180-odd doctors in this city are general practitioners. And most of them don't do surgery. If they depended solely on their income from house calls and office visits, they'd starve."

He let this sink in. Then he

said: "The reason why inducement isn't one of our sins is this: There's no bidding for patients. Surgeon Jones doesn't say, 'I'll give you a 40 per cent cut on referrals. That's twice as much as Surgeon Smith gives.' Instead, everybody—G.P. and surgeon alike—agrees to an equal division of surgical fees. And when

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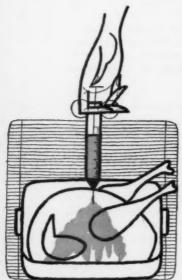
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Hold it! Your wife can use . .

THE THINGSYO

One of the most shocking examples of wild prodigality I know of is the way most doctors throw away old uterine packing forceps.

Instead, why in the world don't they bring them home to their wives? My husband does. I find the forceps ideal for home use. They're fine for lifting

THE AUTHOR is the wife of a physician in Butte, Mont.

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"I'm a G.P. Whenever surgery's indicated, I give my patients a choice of five or six different surgeons. I let *them* choose."

"By 'an equal division of surgical fees,' do you mean a fiftyfifty split?" I asked. "Yes. Fifty-fifty. Right down the middle."

Other Cranston City doctors confirmed this. Said one surgeon: "We're not begging the issue. What we're doing is splitting fees in the exact sense that the A.M.A. and the A.C.S. use the term."

A G.P. who [More on 356]

GSYOU THROW AWAY!

BY ALICE D. PETERSON

things out of hot water and for retrieving the toothbrushes and chewing gum and wedding rings that children love to drop down drains.

And the forceps are only one of the many useful household tools that you men are likely to discard—merely because you have no further medical use for them. Let me mention some others:

Can you name a hardware store where a woman can buy ruined X-ray film? Yet it's wonderful stuff to have around the house. All you have to do, Doctor, is clear the film in the solution, dry it, and present it to your wife. She'll be delighted to use it as wall protection around the stove, as table mats for the children, as windows in cardboard storage [More on 372]

Mineral riches, sound government, low taxes. Above all, the promise of growth! Those are the reasons.

Why They're Investing in CANADA

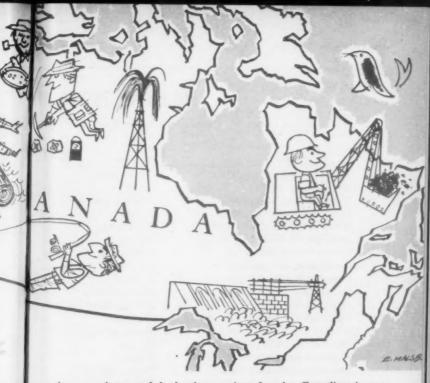
By M. J. Goldberg

ooking for a good growth stock? Don't forget to look northward, across the Canadian border.

"This is the great tomorrowland," boasts one Canadian securities analyst. "Why, the whole country is one fat growth situation." And many informed investors believe he's right.

In the last thirteen years, Canada's population has increased by 36 per cent, its gross national product by 170 per cent, its exports by 113 per cent, its mineral production by 326 per cent, its corporate profits by 108 per cent. That's a much faster rate of growth than ours.

Canada already leads the world in the production of newsprint, nickel, asbestos, and platinum. It's second in world output of wood pulp, gold, aluminum,



zinc, uranium, and hydroelectric power. It's a leading producer of silver, iron ore, copper, and lead. In addition, the Dominion has more than 800,000 square miles of magnificent timberland, 3 billion barrels of proved oil reserves, and vast water power and natural gas reserves.

"Canada today is where the U. S. was forty years ago," says Robert Blanchard, securities an-

alyst for the Canadian investment firm of Burns Bros. & Denton. "It's a young country, still in the initial burst of growth."

The Canadian Government thinks so, too. "The prospects before this country are dazzling bright," says Minister of Finance Donald Fleming. "The Canadian economy has its problems, but it's sound and strong."

According to an official study

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THE FAVORED TWENTY-FIVE

Can

The following twenty-five Canadian stocks are most popular with

Company	Industry	1958 Earnin Per Share
Abitibi Power & Paper (TOR)*	Forest products	\$2.19
Algoma Steel (MON)	Steel	2.05
Aluminum Ltd. (NYSE)	Metals, mining	.74
British American Oil (ASE)	Oil, gas	1.00
British Columbia Power (TOR)	Public utility	1.95
Calgary & Edmonton (ASE)	Oil, gas	.66
Calgary Power (TOR)	Public utility	4.46
Canadian Husky (TOR)	Oil, gas (de	eficit).65
Canadian Pacific (NYSE)	Railroad	2.09
Consolidated Paper (CAN)	Forest products	2.45
Dominion Stores (TOR)	Merchandising	4.06
Dominion Tar & Chemical (MON)	Chemicals	1.40
Hudson Bay Mining & Smelting (NYSE)	Metals, mining	2.68
Imperial Oil (ASE)	Oil, gas	1.61
Industrial Acceptance Corp. (TOR)	Finance	3.59
International Nickel (NYSE)	Metals, mining	2.71
Interprovincial Pipe Line (TOR)	Pipe line	2.51
MacMillan & Bloedel (TOR)	Forest products	1.53
Noranda Mines (MON)	Metals, mining	2.10
Powell River Co. (TOR)	Forest products	1.81
Royal Bank of Canada (MON)	Finance, insuran	ce 2.63
Shawinigan Water & Power (ASE)	Public utility	1.62
Simpson's (ASE)	Merchandising	1.53
Steel Co. of Canada (TOR)	Steel	3.79
St. Lawrence Corp. (ASE)	Forest products	1.13

[°]Symbols in parentheses indicate exchange on which stock is offered, as follows: NYSE: New York Stock Exchange; CAN: Canadian Stock Exchange; MON: Montreal Stock Exchange; ASE: American Stock Exchange; TOR: Toronto Stock Exchange.

Canadian mutual funds:

-FIVE

Earning

r Share

2.19 2.05 .74

1.00

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2.45 4.06

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3.59

2.71 2.51

1.53

2.10

1.81

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1.62

1.53

3.79 1.13

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1959 Price Range	Recent Price	
40 -341/4	361/4	
391/8-353/4	353/4	
391/8-27	323/8	
46 -331/2	35	
401/4-351/2	341/4	
363/8-21	211/2	
101 -781/2	90	
143/4 - 9	93/8	
323/4-261/8	261/2	
45 -39	38	
921/2-761/2	611/2	
1734-14	161/8	
66 -501/4	50%	
48 -343/4	371/8	
39¾-36	331/4	
106¾ -86¾	943/8	
551/2-481/4	511/2	
441/2-353/4	371/8	
58 -50	451/2	
431/4-361/2	331/2	
851/2-751/2	821/2	
361/4-29	301/2	
41%-31%	331/4	
79 -68¾	773/4	
201/4-161/4	17	

of Canada's long-range economic prospects, the output of forest products should double by 1980, iron ore production should triple, and other mining and smelting should more than triple. Oil production is expected to increase ninefold.

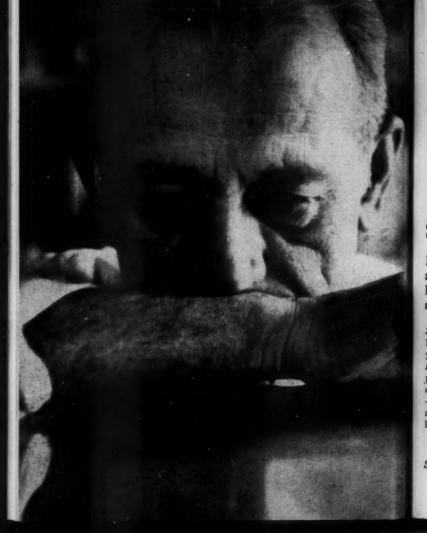
'The Great Storehouse'

Such forecasts are based squarely on the growing world-wide demand for raw materials. "Canada is the last frontier, the last great storehouse of strategic minerals," says Joseph H. Humphrey, director of Canadian investments for Calvin Bullock Ltd. "As the United States and Western Europe exhaust their own supplies, they'll turn to Canada more and more."

But potential economic growth isn't the only virtue of our northern neighbor. She also has a stable, conservative government and sound fiscal policies. The Canadians aren't likely to expropriate property, to have a revolution, or to nationalize industries. The investment climate there is at least as salubrious as our own.

What's more, where taxes are

IN ARTHRITIS: FOR THE F



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Proved clinical record in corticosteroid therapy · Tranquilizing and muscle-relaxant effects1 of hydroxyzine enhance prednisolone efficiency · Often permits lower corticoid doses2-4 · Antisecretory action⁵ of hydroxyzine minimizes gastric side effects

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1. Hutcheon, D. E., et al.: Paper presented at Am, Soc. Pharmacol. & Exper. Therap., Nov. 8-10, 1956, French Lick, Ind. 2. Johnston, T. G., and Cazort, A. G.: Clin. Rev. 1:17, 1958. 3. Warter, P. J.: J. M. Soc. New Jersey 54:7, 1957. 4, Individual Case Reports to Medical Dept., Pfizer Laboratories, 5, Strub, I. H.: To be published.

Science for the world's well-being (Pfizer)



PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York

INVESTING IN CANADA

concerned. Canada treats its investors liberally. The Dominion levies no capital-gains tax. Dividends paid to U.S. residents are subject to a 15 per cent levy; but you get a credit for any such outlays on your U. S. tax return. So, in effect, you pay about the same amount of income tax on a Canadian investment as on a domestic one.

Add the three ingredients together-a powerful growth trend, a good political climate, and a favorable tax structure—and you can see why so many investors are bullish about Canada. Still, here's something you ought to

HOW THE CANADIAN MUTUAL FUNDS ARE DOING

	Change in Net Asset Value per Share			e Recent
	1956	1957	1958	Price
Axe-Templeton Growth Fund of Canada, Ltd.	- 2%	-17%	+49%	\$ 7.46
Canada General Fund Ltd.	. +13	-20	+39	13.55
Canadian Fund, Inc.1	+15	-17	+27	17.32
Canadian International Growth Fund Ltd.	_2	-17	+34	8.94
Investors Group Canadian Fund Ltd.	+16	-25	+36	5.43
Keystone Fund of Canada, Ltd.	+12	-22	+37	12.52
Loomis-Sayles Fund of Canada	9	2	_2	45.01
New York Capital Fund of Canada, Ltd.	+12	-15	+35	12.05
Scudder Fund of Canada Ltd.	+13	-22	+39	11.87
United Funds Canada Ltd.	+11	-23	+30	15.55

Unlike all the others, which are nonresident-owned Canadian corporations, Canadian Fund, Inc., is a U.S. company; and it alone pays regular dividends instead of accumulating all profits. The change in its net asset value takes into account dividends and other distributions paid during each year. 2Fund not in existence during this period.

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SUSAN, THE TECHNICIAN TELLS HOW:



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when her periods stop $_{_{(\mathrm{but \, symptoms \, continue})}}^{-}$



...start TACE



Symptom-free adjustment to the postmenopausal state

New estrogen approach to the postmenopause

Menopausal distress rarely ends with cessation of menses. Indeed, symptoms are often intensified following the sharp drop in available endogenous estrogen during the early postmenopause.

At that time — when periods stop but symptoms continue — TACE is most valuable.

Note this essential difference between TACE and other estrogens: TACE stores in body fat, releases slowly, evenly, in the same manner as a natural hormonal secretion. A normal course of TACE therapy is 30 or 60 days. But even after the therapy, estrogenic activity continues, gradually tapers off, finally is exhausted in about 2 months.

This unique "self-regulating" property results in several advantages. Since sudden endometrial change doesn't occur, withdrawal bleeding rarely occurs. Complicated dosage adjustment is unnecessary. Finally, there are no "peak-and-valley" estrogenic effects. The result is a smooth, symptom-free adjustment to the postmenopausal state.

You can observe this unique effect in your patients. Simply prescribe two TACE 12 mg. capsules daily for 30 days. A severe case may require an additional 30-day course.



THE WM. S. MERRELL COMPANY
New York - Cincinnati - St. Thomas, Ontario

TRADEMONIA TAX

MEDICAL ECONOMICS · NOVEMBER 9, 1959

INVESTING IN CANADA

think about: The experienced investors are selectively bullish.

For example, investment analysts turn thumbs down on Canadian stocks for any man who wants current income. Generally, you can get a higher rate of return with less risk in U. S. issues.

Some Stocks Are Risky

The analysts also advise amateur investors against going overboard for purely speculative ventures. To date, it's the speculative Canadian stocks that have attracted most U. S. interest—or, at least, the most publicity. In the last half-dozen years, a tremendous number of stock promotions have come down out of Canada, often via the long-distance telephone lines. Some have paid off fantastically. But many more have been either highly risky or outright frauds.

You've probably heard mouthwatering true stories about such operations as the New Hosco Mines: Not long ago, its shares leaped from 13 cents to \$7.25 in the space of three weeks. Quemont Mining once jumped from 18 cents to \$29.50 in no time at all. Consolidated Denison went from 45 cents to over \$25. It took New Larder U only a month to travel from 12% cents a share to \$2.65. And so on.

But those are exceptional cases. The tales you aren't likely to have heard are far more typical. This one, for instance:

A few years ago, a New Jersey doctor took a \$2,000 flier in a Canadian uranium stock. He watched his money blossom into \$35,000. Then, before he could catch his breath, he saw the paper profits and the original investment fade away to almost nothing.

For Gamblers Only

"Some 5,000 Canadian exploration companies have issued stock in recent years," points out Robert Blanchard. "Only about 100 of them ever went into production. Fewer than twenty really hit it big. You can get better odds than that at a roulette table."

So unless your taste in investments runs to gambling, you'll do well to put your money into

hemorrha due to uterine a TACE with Ergo

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bottle baby. comfortable mother ...

painful breast engorgement prevented

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Treatment of choice to suppress lactation.¹ Clinicians² have named TAGE "... the most satisfactory drug for use at delivery in the suppression of lactation."

Re-engorgement almost never occurs. In over 3,000 patients studied, 1-3 only 3 cases of refilling were reported.

Withdrawal bleeding rare, 1-3 because TACE, stored in body fat, is re leased gradually, even after therapy is discontinued.

Available . . . 12 mg. and 25 mg. capsules

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1. Bennett, E. T. and McCann, E. C.: J. Maine M. A. 45:225. 2. Eichner, E., et al.: Am. J. Obst. & Gynec, 6:511. 3. Nulsen, R. O., et al.: Am. J. Obst. & Gynec, 65:1048.



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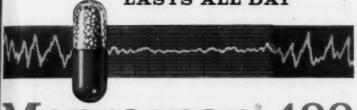
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FOR SUSTAINED TRANQUILIZATION

MILTOWN* (*meprobamate*) now available in 400 mg. continuous release capsules as

Meprospan-400

JUST ONE CAPSULE LASTS ALL DAY



Meprospan-400

MILTOWN® continuous release capsules

HIGHER POTENCY FOR GREATER CONVENIENCE

- relieves both mental and muscular tension without causing depression
- does not affect autonomic function
- does not impair mental efficiency, motor control, or normal behavior

Usual dosage: One capsule at breakfast,

one capsule with evening meal

Available: Meprospan-400, each blue

capsule contains 400 mg. Miltown (meprobamate) Meprospan-200, each yellow capsule contains 200 mg.

Miltown (meprobamate)
Both potencies in bottles of 30.

WALLACE LABORATORIES, New Brunswick, N. J.

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INVESTING IN CANADA

solid stocks with long-range growth prospects. In other words, you'll stick with seasoned companies that have proved mineral reserves and earning capacity. While manufacturing has been expanding in Canada, the great growth opportunities still lie in the raw-material industries: timber, water power, ferrous and nonferrous metals, oil and gas.

Right now, you can get some of the best Canadian stock buys of recent years. Canadian stocks are usually more expensive than comparable U. S. issues because of their great growth potential. But they've recently been selling at bargain rates compared with U. S. stocks. Reason: The Canadian stock market dropped as far as the U. S. market during the 1957-1958 recession; but it never bounced back as high as the American market did during the first several months of this year.

Last spring, an index of industrial stocks on the Montreal ex-



"I'm getting a headache! Stop at the next detail man's house!"

126 MEDICAL ECONOMICS · NOVEMBER 9, 1959

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THE FIRST DROP

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I-PENTA #1 — vitamins
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Just 0.6 cc of each Vi-Penta Drops formula provides generous daily supplementation. May be given directly from the dropper or added to food or beverage.

With the first Vi-Penta Drop, you start day-old patients on the road to good health—and, by meeting "growing" vitamin needs with specific Vi-Penta formulations, you can continue to build a solid foundation for normal growth.

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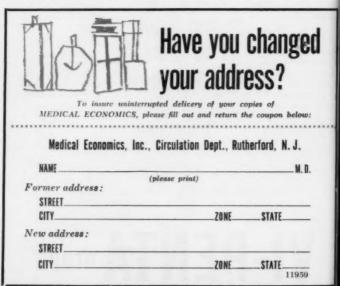
change stood at 8 per cent below its 1956 high. The Dow-Jones average, on the other hand, stood at 20 per cent *above* its 1956 high. And recent fluctuations in American stocks haven't radically changed the picture.

How to Choose

How do you locate a likely Canadian investment? As with U.S. stocks, you can do it yourself on the basis of your broker's or adviser's recommendations. Or you can invest in a mutual fund that specializes in Canadian issues. Any such fund pays professionals to do the picking for you.

If you decide to go it alone, you may prefer to make your choice among the Canadian stocks listed on U.S. exchanges. There are lots of issues so listed: about a dozen on the New York Stock Exchange, and more than 100 on the American Exchange.

All such offerings are regulated by the Securities and Exchange Commission, as well as by the exchanges they're listed on. They must meet substantial-



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INVESTING IN CANADA

ly the same requirements and file the same information as U.S. securities. And to buy one of them, you'll pay exactly the same brokerage commission as you would on a U.S. stock.

But don't necessarily overlook the many other fine companies listed on the Toronto, Montreal, and other Canadian exchanges, or sold over the counter. True. you'll find it harder to get information about them; you won't have the protection of the S.E.C., and you'll probably have to pay higher brokerage commissions on your purchase. But experienced investors believe that a number of such stocks are particularly good bets. So ask your investment adviser to help you make a choice.

Canadian Mutual Funds

If you'd rather invest in Canada via a mutual fund, you have ten funds to choose from. All but one of those in this country are "N.R.O." funds-nonresidentowned.* This means that although they're Canadian corpor-

The one exception: Canadian Fund, Inc., sponsored by Calvin Bullock Ltd.

ations, they offer their shares primarily to nonresidents of the Dominion.

For the doctor in a high bracket, the N.R.O. funds have impressive tax advantages. As a matter of policy, they pay no current dividends. Instead, the earnings and capital gains are left to build up and compound. Under present tax laws, you pay no U.S. tax on the annual earnings (and the fund has to pay only a 15 per cent levy to Canada.) So you have no U.S. taxes to pay until you sell your shares. At that time, any profits you make will be taxable —but at the favorable long-term capital-gain rates.

But the N.R.O. funds also have a drawback: If you die while owning shares of such a fund—or of any Canadian stock, for that matter-you may be subject to Canadian estate taxes. The one U.S. fund that specializes in Canadian investments (Canadian Fund, Inc.) pays regular dividends, and your profits from it are taxed like those of any other home-based mutual fund.

One last word of advice: If

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Suffuring: Xylocaine® HCl Solution applied topically will permit cleaning and suturing of wounds with patient comfort in a emergency or in the office. Fast acting — Safe — Dependable.

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interrupts the underlying mechanism of pain, with relief often persisting even after the block has disappeared. It is of value in assisting motion of manipulation; for severe, intractable pain conditions; and in allowing patient comfort for other procedures.

fuse over a wide operative field, permitting pain-free removal of warts cysts, moles, etc., and giving safe, effective, and predictable anesthesis for patient comfort.

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Hum Ltd. you're in a hurry for investment gains, Canadian shares may not be for you. The growth potential of the country and its major raw-material-producing companies is tremendous; but there's no telling how long it will take to be realized. And while you're waiting for the pay-off, your stocks may be subject to some frightening gyrations.

Prices Can Change Fast

Canadian stocks are inherently more volatile than their U.S. counterparts, for two reasons: First, raw-material companies are always hit hard by business slumps, and Canada is much affected by economic swings in the U.S. Secondly, the Canadian markets are "thinner" than ours. There are fewer buyers and sellers, and the supply of stock is smaller. So a relatively small drop in the demand for a stock can mean a big drop in its price.

"No investor should go into Canadian stocks looking for a quick profit," warns Joseph Humphrey of Calvin Bullock Ltd. "Few U.S. investors know enough about the country and its economics to cash in on the short-run swings in its stocks. When you buy into Canada, reconcile yourself to staying with it for a while."

So Canadian stocks are for you only if you can afford a reasonable risk, if you don't need current income, and if you're prepared to wait-perhaps years -for Canada's built-in growth potential to materialize. Needless to say, you won't want to put more than a fraction of your surplus funds in Canadian stocks, and you'll want to diversify your Canadian holdings among several of its industries. If you have only a limited amount to invest in Canada, you'll probably do best with a mutual fund.

But if you take the plunge with your eyes open, you're not likely to regret it. "Some sound Canadian stocks deserve a place in every forward-looking investor's strongbox," says Robert D. Merritt, financial editor of the United Business Service. "Invest a small amount in a few good issues and put them away. In ten years, you should be pleasantly surprised at the results."

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- Highly potent—and long acting. 1,2,3
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- In ordinary dosage, does not reduce muscle strength or reflex activity.¹

REFERENCES: 1. Carpenter, E. B.: Southern M. J. 51:627, 1958. 2. Forsyth, H. F.: J.A.M.A. 167:163, 1958. 3. Lewis, W. B.: California Med. 90:26, 1959. 4. O'Doherty, D. S., and Shields, C. D.: J.A.M.A. 167:160, 1958. 5. Park, H. W.: J.A.M.A. 167:168, 1958. 6. Plumb, C. S.: Journal-Lancet 78:531, 1958.

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THE A

How We Manage

How We Manage Three-Month Vacations

Twice in the last few years, this solo doctor's wife has helped her husband get away for 3 months with little loss of income

By Vivian S. Tower

A lmost any doctor in solo practice can take a three months' vacation, and he can do it with no substantial loss of income. You don't believe me? Well my husband has done it twice—with me on his arm, of course. And we can tell you how easy it is—easy, I mean, if you go about it in the right way. It does take careful advance planning.

My husband is an internist in a large Eastern city. For years he'd promised that the two of us would one day get away for a real vacation. "Not just another trip to the seashore, either," he'd say. "Europe! London, Paris, Rome . . . the works."

But we'd always had to settle for a great deal less. We might still be wishing for the moon instead of enjoying an occasional wedge of it, except for one thing:

In 1953, my husband gave me a beautiful set of matched luggage as an anniversary gift. I couldn't bear the thought of its gathering dust in the closet. So

THE AUTHOR, a physician's wife, writes here under a pen name.

W.



I began talking seriously about the possibility of our taking a trip abroad.

His initial reaction was what you'd expect: "Abroad? For a couple of months? But I operate a one-man office, honey. What would become of my practice while I'm away? Any doctor who leaves his office for a long time can't hope to have much practice left when he's ready to come home."

"But suppose we can figure out a way to do it without losing patients?" I asked.

He looked dubious—and wistful. "If we only could! But how can we?"

How? We spent hours discussing that question. And the more we talked, the more we realized that the question could be answered. Before too long, we'd worked out a plan that anticipated virtually all the problems that might arise during a doctor's absence from his practice.

The plan was so explicit that my husband's old arguments no longer held. He agreed to give it a try. As a result, we soon had our long-awaited trip. What's more, though we were gone for three months, my husband's practice remained intact.

How did we manage it? By a division of responsibilities. My husband took over some of the tasks of preparing for the long vacation, and I handled others. Here are the details:

My husband did these things:

ings.

136 MEDICAL ECONOMICS · NOVEMBER 9, 1959

Effective treatment and prevention of Diaper Rash



Diaparene® Chloride Ointment
(Brand of methylbenzethonium chloride)
93% effective in the treatment of
ammonia dermatitis.¹ The case
illustrated cleared in 4 days.

1. Nielelman, M. L. and Bloke, A.;
Jest. Ped. 37:762, 1950.

Supplied:

1 os. tubes

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LITERATURE AND SAMPLES ON REQUEST

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MEDICAL ECONOMICS · NOVEMBER 9, 1959 137

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THREE-MONTH VACATIONS

¶ He selected three physicians with whom he'd had brief coverage arrangements in years past. They agreed to be available for emergency calls and for the continuing treatment of a small number of patients each.

¶ He discussed the choice of an interim physician with each patient who needed continuity of care; and he made the necessary transfer of records and information to the selected doctor. Wherever possible, he arranged an introduction in advance of our departure.

¶ He gave each of the three physicians the home telephone

© MEDICAL ECONOMICS

number of his aide, Miss French. She'd be on tap, he promised, for anything the covering men needed to know about any patient. He also gave Miss French's home number to the telephone exchange. And he instructed the aide to check with the exchange whenever she planned to be away from home for more than a short time.

He told Miss French she'd be given her full salary for the first and last weeks of our vacation. During those weeks, she'd be expected to keep the office open all day long. The rest of the time, she'd be on half-pay. In return for this, she'd merely have to drop into the office at her convenience for an hour or less a day.

The Aide's Duties

Miss French was quite satisfied with the arrangement. She looked forward to three months of nearly complete freedom. Her office duties? She'd simply tend to necessary billings and collections (neither a burdensome nor a time-consuming job, since my husband's patients are prompt

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for your
patients
who meet
their
frustrations
with food

PHANTOS and PHANTOS-10

fit the needs of these "should, but can't" reducers

PHANTOS (full strength) and PHANTOS-10 (two-thirds strength for those who can be managed on lower dosage) effectively counteract the underlying causes of overeating which make the patient "who just can't stay on a diet" so difficult and discouraging to treat.

PHANTOS and PHANTOS-10 provide: mood elevation to help allay the stress and depression which weaken will power, plus day-long appetite suppression a helpful metabolic boost convenient once-a-day dosage alleviation of morning constipation and evening excitation.

Each PHANTOS or PHANTOS-10 capsule provides these three separately timed releases throughout the day:

timed releases thr	oughout the day:	PHANTOS	PHANTOS-10
		(full strength)	(two-thirds strength)
IMMEDIATE RELEASE	Amphetamine sulfate Thyroid	1/360 gr	1/540 gr.
INTERMEDIATE RELEASE	Amphetamine sulfate Thyroid Atropine sulfate	5 mg 1½ gr 1/360 gr	3.33 mg. ½ gr. 1/540 gr.
FINAL Z	Amphetamine sulfate Thyroid Phenobarbital* *(Warning: May Be Habit-		3.33 mg.

DOSAGE: One PHANTOS or PHANTOS-10 Capsule daily, taken on arising.

COOPER, TINSLEY LABORATORIES, INC., HARRISON, N. J.



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THREE-MONTH VACATIONS

payers); she'd answer nonprofessional letters and forward urgent professional correspondence on to the covering doctors; and she'd send my husband any mail that she felt he must see. (We gave her a precise itinerary of our entire trip before we sailed.)

Phone calls? Except during the first and last weeks, none were to be taken in the office. The exchange was to handle all messages and to direct them either to one of the covering doctors or to the aide's home. My husband gave his very efficient answering service specific instructions as to how to route calls from both old and new patients. XUM

While the office plans were being put into effect, I had a job of my own to do. In addition to assuming all the packing and planning chores for our trip, I did the following things:

¶ I composed two sets of announcement cards. One set announced my husband's impending departure; the other, his return to practice. (For reproductions of both cards, see below and page 144.)

¶ I addressed duplicate envelopes to each patient in the active and inactive files.

I stuffed the envelopes with

Dr. John B. Tower

will be absent from his practice for about three months beginning June 27th.

A notice of the return date will be sent to you.

If need for professional services arises, the following physicians will be available:

DR. SHELDON DOBBINS
1237 Huntington Avenue
ADams 8-7244

DR. GILBERT BRENNICK 6523 Arlington Square NOrth 4-5670

DR. ALTON PARRISH 1198 Huntington Avenue ADams 8-7367

6525 Arlington Square

SAlem 4-5343

Six weeks in advance, this announcement told Dr. Tower's patients whom they might see during his absence.

140 MEDICAL ECONOMICS · NOVEMBER 9, 1959

pro



'Troph-Iron' not only gives a healthy boost to appetite, but also promotes growth and corrects nutritional iron deficiency in children who are underpar.

The dosage? Just one tasty, cherry-flavored teaspoonful (5 cc.) a day.

TROPH-IRON® Liquid

Also available: 'Troph-Iron' Tablets.

SMITH KLINE & FRENCH LABORATORIES, PHILADELPHIA

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NOW SAFER EFFECTIVE TRANQUILIZER THER

tranquilization

anti-emetic

greater specificity
of tranquilizing action
—divorced from such
"diffuse" effects as
anti-emetic action

Viellaril

EGINDAZINE HIS

is yirtually free of such tonic effects as foundice. Parkinsonism, filood dyscrasia

'Interidazine [MELLARIL] is as effective as the best available phonothial but with appreciably less toxic effects than those demonstrated with a phenothiazines. This drug appears to represent a major addition to safe and effective treatment of a wide range of psychological disturbation doubt in the clinics or by the general practitioner."*

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reater specificity of tranquilizing action results in fewer side effects

The presence of a thiomethyl radical (S-CH_t) is unique in Mellaril and could be responsible for the relative absence of side effects and greater specificity of psychotherapeutic action. This is shown clinically by:

MELLARIL

PSYCHIC RELAY

DAMPENI
SYMPATHETI
PARASYMPA

NERVOUS SITEM

Paychic relate

Dampeni
sympatheti
parasympa
enevous sympatheti
parasymp

tranquilizers

1 A specificity of action on certain brain sites in contrast to the more generalized or "diffuse" action of other phenothiazines. This is evidenced by a lack of appreciable anti-emetic effect.



- 2 Less "spill-over" action to other brain areas — hence, absence of undue sedation, drowsiness or autonomic disturbances.
- 3 A notable absence of extrapyramidal stimulation.
- 4 Lack of impairment of patient's normal drive and energy.
- 5 Virtual freedom from such toxic effects as jaundice, photosensitivity, skin eruptions, blood forming disorders.

Indication	Usual Starting Bose	Total Dally Dosage Range
ADULTS: Mental and Emotional Disturbances:		
MILD - where anxiety, apprehension and tension		
are present	10 mg. t. l. d.	20-60 mg.
MODERATE - where agitation exists in psychoneuroses,		
alcoholism, intractable pain, senility, etc.	25 mg. t. l. d.	50-200 mg.
SEVERE – in agitated psychotic states as schizophrenia, manic depressive, toxic psychoses, etc.:		
Ambulatory	100 mg. t. l. d.	200-400 mg.
Hospitalized	100 mg. t. i. d.	200-800 mg.
CHILDREN: BEHAVIOR PROBLEMS IN CHILDREN	10 mg. t. i. d.	20-40 mg.

Mellaril Tablets, 10 mg., 25 mg., 100 mg.

*Ostfeld, A.M.: Scientific Exhibit, American Academy of General Practice, San Francisco, April 6-9, 1959.



THREE-MONTH VACATIONS

the announcements, stamped them, and marked one set (impending departure) "A," the other set (return to practice) "B." Miss French mailed set "A" six weeks before we left; set "B," ten days before our return.

As soon as the first announcements went out, my husband's workload doubled. He was really kept hopping for the last couple of weeks. But the resultant fees gave us an economic cushion. The announcement about his return to the office worked in much the same way: It triggered a barrage of requests for appointments. By the time we got back, the appointment book was filled solidly for three weeks in advance.

And what happened to the practice during our three months' stay in Europe? A year-end check revealed the following facts:

1. My husband's patients reported they'd had excellent coverage. All of them seemed pleased both with his pre-trip arrangements and with his choice of covering doctors.

Only One Patient Lost

- 2. To my husband's certain knowledge, only one patient failed to return after our extended absence. There may have been a few others. But that sort of thing happens in the normal course of any practice, doesn't it?
 - 3. Accounting put the finan-

Dr. John B. Tower

announces his return to practice.

Office hours: Mon., Tues., Thurs., Frl., Sat. 9 A.M. to 2 P.M.

BY APPOINTMENT

6525 Arlington Square SAlem 4-5343

Mailed ten days before his return, this announcement filled Dr. Tower's appointment book to capacity for three weeks.



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Overweight

Mrs. Geller rebelled at the monotony of housekeeping chores and the antics of her school-age children added tension to boredom. Eating became an outlet for her emotions. A daily

Ambar *1 Extentab®
an artful balance of 10 mg.
methamphetamine hydrochloride
and 1 gr. phenobarbital,
not only curbed her appetite,
but by aiding in a renewal
of creative interests, tempered
her reactions to minor irritations.

weight reduced, mood relieved with Ambar™



Obesity

and Mrs. Adams seem inseparable. She has tried all the current diet fads her friends, relatives and the newspapers tell her to try, and she says they don't work. She knows how unrelenting are the frustrations that drive her to overeating. She can use the more potent dose of the 15 mg. methamphetamine hydrochloride with 1 gr. phenobarbital in

Ambar #2 Extentabs®

The long-acting Ambar Extentabs (#1 or #2) may be supplemented with conventional Ambar Tablets (methamphetamine hydrochloride 3.33 mg. and phenobarbital 1/3 gr.)



A. H. Robins Co., Inc. Richmond 20, Virginia

MEDICAL ECONOMICS · NOVEMBER 9, 1959 145

THREE-MONTH VACATIONS

cial picture into sharp focus: There was a less than 10 per cent loss of net annual income.

In fact, our vacation plan worked so well that we tried it again two years later. Once more, income dropped by less than 10 per cent, and patients remained loyal.

You Can Do It Too

Do you think you can't get away from your one-man office, Doctor? Get your wife on the job. Between you, I'll bet you'll find a way. And if you're like my husband, you'll agree that the long holiday is the best medicine for an overworked medical man.

It isn't just the three months of travel that refresh you. You get an enormous kick out of preparing for the trip—and out of remembering it when it's over. So now that winter's nearly here, why not start making arrangements for an extended jaunt in, say, early spring? We plan to take off again in 1960. And maybe we'll meet you on the Champs-Elysées.

Bon voyage!

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146 MEDICAL ECONOMICS · NOVEMBER 9, 1959

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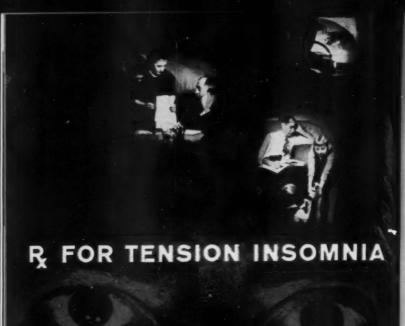


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Two MEPROTABS before retiring

- insure restful, uninterrupted sleep
- insure alert awakening
- · insure a tranquil mind and relaxed body

MEPROTAPS are 400 mg. meprobamate tablets, coated, white, and unmarked, to make name and type of medication unidentifiable to your patient. Meprotabs are pleasant tasting and easy to swallow.

Meprotabs*

contains the original meprobamate, discovered and introduced by

WALLACE LABORATORIES, New Brunswick, N. J.

TRADE-HARM

CHT-9303-79

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'THE HIGHEST FEE I'VE EVER CHARGED'

One doctor asked for cubic centimeters and got dollars. Another considered the price of his patient's hats. Here's how more than 200 physicians arrived at their highest single fee

BY CLIFFORD F. TAYLOR

The patient was 75 years old and wealthy. No fee had been set in advance for his perineal prostatectomy under spinal, After the operation had been successfully completed and the patient was being wheeled from the O.R., the anesthetist asked the surgeon how much fluid the patient should have.

"Fifteen hundred," replied the doctor.

The patient's mind had evidently been preoccupied with what the operation was going to cost him. "That's fair enough, Doc," he piped up. "After all,

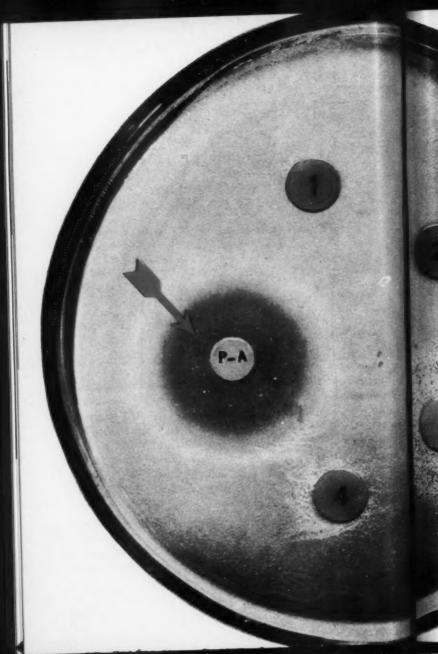
Joe Louis gets a hundred thousand for an hour's work."

Recounts the San Francisco urologist who performed the operation: "I didn't really take the remark seriously. But before I'd even sent my bill, I received a grateful note from him with check attached. It was my highest fee—exactly fifteen hundred dollars."

It's a good bet that few, if any, other physicians have ever arrived at their highest fee in anything like this manner. But it's a true story, and the most unorthodox reply received from the

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The Upjohn Company Kalamazoo, Michigan STRADEMARK, REG. U. S. PAT. OFF.

This is Panalba performance in pneumonia

... into a mixed culture of the three organisms commonly involved in pneumonia ... K. pneumoniae, Diplococcus pneumoniae, and Staphylococcus aureus (in this case a resistant strain) ... we introduce the five most frequently used antibiotics.

Twenty-four hours later (in this greatly enlarged photograph), note that only one of the five leading antibiotics has stopped all the organisms, including the resistant staph! This is Panalba.

In your next pneumonia patient . . . in all your patients with potentially-serious infections . . . provide this extra protection with your prescription for

Panalba*

(Panmycin* Phosphate plus Albamycin*)
The broad-spectrum
antibiotic of first resort

Dosage—1 or 2 capsules
3 or 4 times a day.
Supplied—Capsules containing
Panmycin phosphate equivalent
to 250 mg. tetracycline
hydrochloride, and 125 mg.
Albamycin as
novobiocin sodium,
in bottles of 16 and 100.
Now available: new Panalba
Half-Strength Capsules in
bottles of 16 and 100.



'MY HIGHEST FEE'

220 doctors who recently answered a double-barreled question put to them by MEDICAL ECONOMICS: What's the highest fee you ever charged? And how did you arrive at it?

The highest fee reported is \$4,000. It was charged by an orthopedic surgeon in Texas for extensive surgery and prolonged after-care. At the other end of the scale is the "highest fee" reported by four different G.P.s whose combined years in practice total 157 years. Each of these four doctors has an office practice only. Each says he's never charged a fee higher than \$5.

In between these extremes,



the "highest fees" reported by the 220 surveyed doctors ranged as follows:

12 doctors: between \$2,000 and \$3,999.

34 doctors: between \$1,000 and \$1,999.

150 doctors; between \$100 and \$999.

24 doctors: below \$100.

The median of the highest fees charged by forty-nine G.P.s is \$370. The median of the highest fees charged by 171 specialists: \$648.

The Criteria They Used

Some surveyed physicians say they've never charged a fee higher than the going rate for a particular treatment in their locality. But most say their highest fee has been an exceptional one. They generally attribute it to one or more of these factors: the skill required in treating an exceptionally difficult case; the amount of time spent in doing so; the results obtained; and the ability of the patient to pay an exceptional fee.

All these factors entered into the case for which the highest

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DRIP AND STUFFINESS

associated with

COMMON COLD

'FEDRAZIL'

Sugar-coated Tablets

... contain an orally effective nasal decongestant combined with a good antihistamine

Dose: 2 tablets initially, then one every 3 or 4 hours as needed

Each sugar-coated tablet contains:

'Sudafed' brand Pseudoephedrine Hydrochloride . . . 30 mg. 'Perazil' brand Chlorcyclizine Hydrochloride 25 mg.



BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, New York

MEDICAL ECONOMICS · NOVEMBER 9, 1959 153

fee reported was charged. The doctor is an orthopedic surgeon in Texas. His highest usual fee for a single operative procedure is \$750. But he feels his fee of \$4,000 was completely justified in this particular case. Here's how he describes the circumstances:

"The patient had a fracture dislocation of one hip and a compound comminuted fracture of the femur on the other side. There were upper extremity injuries and a head injury too. I cared for all these injuries. Subsequently I did a bone graft of the fracture of the right femur for nonunion, later removing the metallic fixations.

"The patient remained in the hospital for twenty-two months while five major orthopedic procedures were carried out. He also remained under follow-up care for three more years. The total fee charged seemed reasonable to both the patient and myself."

Is there any standard method for setting a fee in an unusually complex and difficult case? Most doctors seem to think not. The methods by which they've set their highest fees seemed to them the most reasonable under special circumstances. For example:

"My patient was a 40-yearold man with 50 per cent fullthickness burns," reports a Boston surgeon. "He was hospitalized for four months, during which I performed multiple operations. I determined my fee by itemizing each procedure, then by using the lowest fee schedule for each. The patient was completely rehabilitated, and the insurance carrier promptly paid my fee of \$2,087."

\$100 an Hour

A surgeon in Dallas, Tex., used a different method for figuring his highest fee. It was for an emergency colon resection following a car smash-up. Surgery was long and difficult, since a small bowel resection was also found to be necessary. The operation required seven hours for the first stage and five hours for the second stage. How did the doctor arrive at his fee of \$1,-250? More

White's Vitamin A and D **Ointment** clinically well established for its emollient-protective and healing actions is now also available with 0.5 per cent Prednisolone for its potent anti-inflammatory anti-pruritic actions and patient comfort.

White's Vitamin A and D Cintment with Prednisolone 0.5 per cent

in 10 and 25 Gm. tubes on prescription.



White Laboratories, Inc. Kenilworth, New Jersey

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'MY HIGHEST FEE'

"I charged on the basis of \$100 an hour for twelve hours' operating," he says. "I added \$50 for hospital and office follow-up visits."

Reactions? "The patient was happy and grateful, the insurance claims adjuster pleasantly surprised. My fee was paid without question."

Several physicians, recalling their highest fee, confess they simply didn't know what method to use in setting it. For one such doctor, a New York City internist, lack of method seems to have been an advantage.

"I spent from two to twenty hours a day for many weeks with the sickest pneumonia case I ever saw survive," he relates. "It was complicated by Chiari's syndrome and femoral thrombophlebitis. I had never had a



"That's for your personal calls."

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In phlebitis, patients on Orenzyme "can expect relief of pain in less than a week."

In other inflammatory conditions, Orenzyme proved effective in hundreds of cases. 1-5

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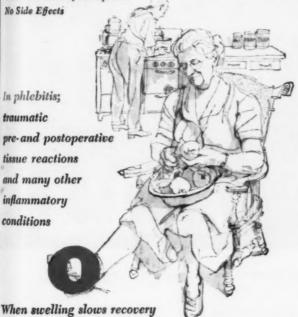
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"It ri's mAs easy to take as aspirin, Orenzyme asmers certainty of dosage; eliminates typical waste of buccal medication caused by swallowing of saliva; cannot intate oral mucosa; requires no tiresome explanations of unfamiliar buccal mode of treatment. Supplements the proven benefits of Parenzyme Aqueous. Composition: Each tablet contains trypsin 68%, chymotrypsin 30%, ribonuclease 2%, equivalent in proteolytic activity to 20 mg. of crystalline trypsin.

Dosage: Adequate dosage is important. Initially, swallow two tablets four times daily with a glass of water. For maintenance with Parenzyme Aqueous, one tablet three or four times daily.

Supplied: In bottles of 48 red, enteric coated tablets.

References: 1. Martin, G. J.; Bogner, R. L., and Edelman, A.: Am. J. Pharm. 129:386, 1937. 2. Tuttle, E.: in press. 5. Pellegrino, P. G.: In press. 4. Coleman, J. M., and Vaughn, A. M.: In press. 5. Monninger, R. H. G.: In press.



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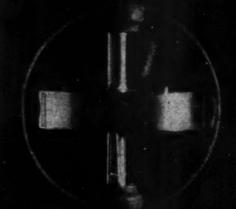
reduces inflammation . eases pain . speeds healing

Products of Original Research

THE NATIONAL DRUG COMPANY, Philadelphia 44, Pa.

MEDICAL ECONOMICS · NOVEMBER 9, 1959 157

minimal disturbance of the patient's chemical and psychic balance



Substantiated by published reports of leading clinicians:

- · effective control of allergic and inflammatory symptoms1-20
- · minimal disturbant coom f of the patient's chemical and psychilegligible balance 1,4,5,8-19 Phoria

tocort

nti-inflammatory and antiallergic levels
STOCORT means:

ant edom from salt and water retention

S tual freedom from potassium depletion
Chi gligible calcium depletion

3-19 Phoria and depression rare

voracious appetite excessive weight gain

vincidence of peptic ulcer

v incidence of osteoporosis th compression fracture Indications: rheumatoid arthritis; arthritis; respiratory allergies; allergic and inflammatory dermatoses; disseminated lupus erythematosus; nephrotic syndrome; lymphomas and leukemias.

Precautions: With anstrocour all traditional precautions to corticosteroid therapy should be observed. Dosage should always be carefully adjusted to the smallest amount which will suppress symptoms. After patients have been on steroids for prolonged periods, discontinuance must be carried out gradually.

Supplied: Scored tablets of 1 mg. (yellow); 2 mg. (pink); 4 mg. (white); 16 mg. (white).

Diacetate Parenteral (for intra-articular and intrasynovial injection). Vials of 5 cc. (25 mg./cc.).

List of References 1-20 supplied on request.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.

'MY HIGHEST FEE'

case like this; in fact, I'd never even seen one. So I suggested the patient fix his own fee, somewhere between \$1,500 and \$3,500. The patient said \$3,500 was too low, but I refused to accept more."

How much does a patient's wealth have to do with a doctor's highest fee? Thirty-eight of the 220 surveyed physicians say their highest fee was paid by an extremely well-to-do patient or family. Many others indicate the patient's financial status helped determine their fee. Some typical

comments: "Fee invoked no hardship"... "Fee represented patient's salary for one week"... "Fee was about what patient would spend for three hats."

But only a few doctors say that the patient's financial status was the primary reason for their highest fee. One such doctor is a New York City ENT man whose top fee was for a tonsillectomy. "The patient was the 20-year-old daughter of a very wealthy family," he reports. "The parents wanted an expensive private room, special nurses

SUPERIOR FERNICAL

SURFAK (formerly Doxical) the new therapeutic chemical, calcium bis-(dioctyl sulfosuccinate) represents a markedly more efficient surfactant softening agent than the older fecal softening chemicals.

■ optimal fecal homogenization ■ greater surfactant effectiveness ■ non-laxative ■ normal physiologic action—no effect on the bowel itself ■ non-habit forming ■ Sodium free USUAL ABULT BOSE: 240 mg. daily. Children and adults (with minimum needs) 50 to 150 mg. daily SUPPLIED: Surfak 240 mg. capsules — bottles of 15 and 100. Surfak 50 mg. capsules — bottles of 30 and 100.

LLOYD BROTHERS, INC.

CINCINNATI 3, OHIO

*Patent Pending

160 MEDICAL ECONOMICS · NOVEMBER 9, 1959



breakfast on the run... lunch on the job...
time for

When dietary habits are poor, MYADEC helps prevent vitamin-mineral deficiencies by providing comprehensive nutritional supplementation. Just one capsule daily supplies therapeutic doses of nine important vitamins plus significant quantities of eleven essential minerals and trace elements.

Each MYADEC Capsule con

anen mitrable capitale contains.	
VITAMINS:	
Vitamin B ₁₂ crystalline 5 mcj	g.
Vitamin B2 (riboflavin) 10 mg	ġ.
Vitamin B. (pyridoxine	
hydrochloride) 2 mg	g.
Vitamin B, mononitrate 10 mg	ż.
Nicotinamide (niacinamide) 100 mg	i.
Vitamin C (ascorbic acid) 150 mg	į.
Vitamin A (7.5 mg.) 25,000 unit	S

Vitamin D. (25 mcg.) 1,000 units Vitamin E (d-alpha-tocopherylacetate concentrate) 5 L.U.

MINERALS (as inorganic salts	:):
Iodine	0.15 mg
Manganese	1.0 mg
Cobalt	0.1 mg
Potassium	
Molybdenum	0.2 mg
Iron	15.0 mg
Copper	1.0 mg
	1.5 mg.
Magnesium	6.0 mg.
Calcium	
Phosphorus	80.0 mg.
Bottles of 30, 100, 250, and 1	,000.

PARKE, DAVIS & COMPANY DETROIT 38, MICHIGAN 5



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around the clock, a one-week stay in the hospital. Considering all the plush care demanded, I billed for \$1,000. The father paid it with profuse thanks."

Most doctors who mention the wealth of their "highest fee" patients say it was just one of several factors influencing their charge. A Miami, Fla., surgeon puts it this way: "My highest fee was charged an extremely wealthy patient. Like most doctors, I've done identical operations for patients less able to pay for a lot smaller fee. And on indigent patients for nothing. What do I think is a reasonable fee? Exactly what I charged the wealthy man."

How do patients react to doctors' highest fees? Not always predictably. A Baltimore G.P., in practice twenty-four years, reports that his highest fee (\$8) was charged for a complete physical with penicillin treatment. Reaction? "The patient seemed to feel that it was too high. He never returned to my office as advised."

A urologist in Tulsa, Okla.,



DIASAL

doubly valuable for patients on salt-restricted die

Besides encouraging the patient's adherence to diet, DIASAL offers pleasant-tasting prophylaxis age the potassium loss incurred by the use of the more recent oral diureties. The potassium supplies tation, concurrently supplied by DIASAL, helps avoid digitalis toxicity due to urinary loss of the Constituents: Potassium chloride, glutamic acid and inert excipients. Available in 2-ounce shakers and 8-ounce bottles.

EDUCERA & CO., INC., Bickwille, Long Bland, New York

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Does more than curb appetite ... also relieves the tensions of dieting



Appetro DENTRO - AMPHETAMINE + MILTOWI

Helps you keep your patient on your diet

AN EXTENSIVE SURVEY shows that in 68% of overweight persons there is an emotional basis for failure to limit food intake.1 Appetrol has been formulated to help you overcome this problem and to keep your overweight patient on your diet.

THIS NEW ANORECTIC does more than give you dextro-amphetamine to curb your patient's appetite. It also gives you Miltown to relieve the tensions of dieting which undermine her will power.

IN PRESCRIBING APPETROL, you will find that your patient is relaxed and more easily managed so that she will stay on the diet you prescribe.

Usual dosage: 1 or 2 tablets one-half to 1 hour before meals.

Each tablet contains: 5 mg. dextro-amphetamine sulfate and 400 mg. Miltown (meprobamate, Wallace).

Available: Bottles of 50 pink, uncoated tablets.

Kotkov, B.: Group psychotherapy with the obese. Paper read before The Academy of Psychosomatic Medicine, October 1958.

WALLACE LABORATORIES, New Brunswick, N. J.

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reports that his highest fee, (\$1,-000 for a prostatectomy) was greeted with outrage by a multimillionaire patient. "He paid," remarks the doctor, "but he told me bitterly that he considered it a minor operation."

On the other hand, a thoracic surgeon in Boston reports receiving a \$3,000 fee for repair of aortic stenosis in a patient who had asked to set his own fee. "And that wasn't all," adds the surgeon. "Since then, he's donated several thousand dollars to our research foundation."

The survey turned up a few unhappy doctors whose "highest fee" has never been collected. A New York City ophthalmologist reports that his highest fee, \$500, was agreed on in advance for his examinations, consultations, and reports in a court case.

"The case was settled for \$30,000 without my knowledge," he relates. "When I finally found out about it, the patient had paid his attorney and skipped town. The lawyer, after two years of soul-searching, finally paid me \$250."

SEVERE PAIN RELIEVED

Without the Needle

PAPINE, orally administered, effectively relieves the most excrutiating pain. Contains morphine hydrochloride 1 gr. (60 mg.) and chloral hydrate 3 1/3 gr. (200 mg.) per fld. oz. in a palatable vehicle.

Average adult dose, 1 teaspoonful. Narcotic blank required. Supplied in 12 fld. oz. bottles for prescription and dispensing.

PAPINE (BATTLE)

BATTLE & CO. . ST. LOUIS 8, MO



MADRIBON

"...its simplicity of administration, safety, clinical response and reasonable cost make... [Madribon] a desirable drug in instances where it is equally effective [as the antibiotics], and a choice drug in many antibiotic-resistant cases."

M. J. Mosely, Jr., J. Nat. M. A., 51:258, July 1959.

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In 25 years, the antibacterials have progressed from the status of heroic therapy to "universal" medication. This has brought into focus certain unexpected problems relating both to bacterial and minito host response.

Shifts in bacterial flora-particularly of the gastrointestinal, as well as the respiratory and urinary tracts-pose entirely new therapeutil fewe problems. The emergence of resistant strains of bacteria creates still another hazard. In addition, anaphylactic reactions often hampe critically needed therapy.

While the question of bacterial mutations and patient sensitivity undergoing continual intensive study, the immediate clinical need is for a new anti-infective alternative.

NEW MADRIBON PEDIATRIC DROPS

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MADRIBON

he safer, one-dose-a-day sulfonamide

wide-spectrum activity

high rate of clinical effectiveness-up to 90 per cent

exceptionally low incidence of side effects less than 2 per cent—even in long-term use

and minimal risk of hazardous superinfections

essentially no danger of anaphylactic reactions

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economical therapy

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reserves antibiotic effectiveness for fulminating, life-threatening infections

and when traditional q.i.d. administration is preferred MADRIQID 125-mg capsule form of Madribon

in respiratory infections

the new alternative

MADRIBON

dosage:

for severe infections

MADRIBON TABLETS MADRIBON SUSPENSION MADRIQID CAPSULES	DRIBON SUSPENSION 0.25 Gm/teasp. (5 cc)		MADRIBON PEDIATRIC DROP	
	first day	q. 24 hrs.	first day	q. 24 hrs.
Adults	2 Gm	1 Gm		
Children: 20 lbs	0.5 Gm	0.25 Gm	25 mg (2	12.5 mg (1 drop
40 lbs	1 Gm	0.5 Gm	drops) per lb	per lb body
80 lbs	2 Gm	1 Gm	body weight.	weight.

Continue therapy for 5 to 7 days or until patient is asymptomatic for at leas 48 hours.

for milder infections

Less severe infections will usually respond to one-half the above dosage.

Cantion: The usual precautions in sulfonamide therapy should be observed, is cluding maintenance of adequate fluid intake. If toxic reactions or blood dyscrasias occur, use of the drug should be discontinued. Madribon, like most sulfonamides and certain other drugs, is probably contraindicated in premature infants and newborns for the first week of life due to underdeveloped enzymature systems and liver and renal functions.

Supplied: Madribon Tablets: 0.5 Gm, double scored, monogrammed, gold colore—bottles of 30, 250 and 1000. Madriqid Capsules: 125 mg, gold colored—bottles of 100 and 1000. Madribon Suspension: 0.25 Gm/teasp. (5 cc), custard flavored—bottles of 4 oz and 16 oz. Madribon Pediatric Drops: 10-cc plastic container with special tip for dispensing drop dosage—each cc (20 drops) provides 250 mg Madribon.



ROCHE LABORATORIES

Division of Hoffmann-La Roche Inc · Nutley 10 · N. J.

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IS YOUR OFFICE BIG ENOUGH?

BY NELSON J. YOUNG

could certainly use more office space. What doctor couldn't? But it wouldn't increase my practice. I'm already seeing all the patients I could possibly handle."

The doctor who said this to me firmly believed what he said. I didn't agree, and I finally convinced him that his cramped office space was the chief reason why he couldn't see more patients. A couple of years later, in more spacious quarters, he had almost doubled the practice that he once thought was all he could "possibly handle."

How about you? Are you sure that the size of your practice isn't being limited by the size of your office? The table on page 168 gives you a good basis for



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OFFICE BIG ENOUGH?

checking on minimum requirements; it has been worked out by two experienced architects in the field.

But remember that the table suggests minimum space needs. And it doesn't take into account your field of medicine, the size of your practice, or any other personal requirements. For a further check on your special set-up, why not take a little tour of the place? With a notebook and pencil in hand, study each room in the light of the following paragraphs:

Reception room. Does it allow twenty square feet for each person likely to be waiting during peak hours? It should. If you seldom have more than six people there at a given time, 120 square feet is enough. But if you're a busy pediatrician, say, with each patient accompanied, you probably need close to 240 square feet of reception area.

Consultation room. A 10' x 10' room is big enough to accommodate a desk, some book shelves, and three chairs (for you, the patient, and a relative). If you need to have anything else in the room, 100 square feet is probably inadequate. You should allow accordingly.

For Fast Check-Ups

Examining rooms. For efficient handling of patients, you need at least two. You need more if you're in a field where patients get undressed for quick, routine check-ups. And though an 8' x 10' room is generally adequate, you should have at least a 10' x 12' working space if you do any minor surgery there. (Obviously, radiologists, ophthalmologists, etc., have special requirements.)

X-ray room. Its minimum size naturally depends on your equipment. A 6' x 8' room is large enough for a fluoroscope. An 8' x 10' or an 8' x 12' room will do for a 100-ma. unit. And for the average X-ray equipment, a 4' x 6' darkroom may be quite enough.

Aide's office. She should have her own room off the reception room. She needs a work station,

THE AUTHOR, who heads the professional management firm of PM-Detroit, is a member of the Society of Professional Business Consultants.

for prompt control of senile agitation



THORAZINE*

(chlorpromazine, S.K.F.)

'Thorazine' can control the agitated, belligerent senile and help the patient to live a composed and useful life.

Smith Kline & French Laboratories

*T.M. Reg. U.S. Pat. Off.

OFFICE BIG ENOUGH?

storage space for her business and clinical records, room to move about. The table below suggests sixty square feet as a minimum. Most professional management men would recommend more space: at least eighty square feet, preferably 100.

Miscellaneous space. There's no rule of thumb for adequate

MINIMUM OFFICE SPACE NEEDS

(in square feet)

Reception room120 Secretary's office60 Consultation room100	Two 8' x 10' examining rooms 160 Storage 25 Corridor, miscellaneous 100	
2. FOR A SEPARATE ONE-MAN BUIL	DING1,015	
Same rooms as specified above	Laboratory or recovery room	
	Heating, storage 80	
3. FOR A SEPARATE TWO-MAN BUIL		
Same rooms as specified above	Additional consultation room100	
Additional reception room space 100 Additional secretarial	Two more examining rooms	
space 50	Additional corridor space 60	

*For a larger separate building, add about 500 square feet per additional man. This table is adapted from figures in "Doctors' Offices and Clinics: Medical and Dental," by Paul Hayden Kirk and Eugene D. Sternberg. Reinhold Publishing Corp., New York, 1955.

TE

for prompt and sustained relief from severe mental and

emotional stress



THORAZINE* SPANSULE† capsules

30 mg. 75 mg. 150 mg. 200 mg. 300 mg.

Smith Kline & French Laboratories

*T.M. Rog. U.S. Pat. Off. for chlorpromazine, S.K.F. †T.M. Rog. U.S. Pat. Off. for <u>sustained release</u> capsules, S.K.F.

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OFFICE BIG ENOUGH?

storage space. But if your office is cluttered with boxes and cartons of inactive records, medical supplies, and the like, you have your answer: It's too small.

You may not need a regular laboratory; but you probably do need a small space where instruments can be sterilized and simple tests can be run. And your corridor should be at least four feet wide.

If your office space falls much below the above requirements, you can be pretty sure you need more. If there's no way to expand your present quarters, at least consider moving elsewhere.

On the other hand, maybe you do have about enough room, judging by the above standards.



Yet your office may seem cramped, overcrowded, and generally inadequate. In that case, your trouble isn't space; it's doubtless the way you're using your space—or, more likely, not using it.

Arranging the Equipment

Check the arrangement of the rooms themselves, as well as of all equipment and furnishings. Is everything in the best possible place for the convenience of patients and personnel? Can you and your aides keep patient-traffic flowing smoothly? If not, consider remodeling or rearranging the office so that:

¶ The reception room isn't a thoroughfare. Callers can approach your aide's desk without disturbing waiting patients.

¶ The receptionist can oversee in- and out-traffic without leaving her desk.

¶ The laboratory is close to the reception desk. (One girl can cover both spots.)

¶ The rooms aren't strung out in Pullman-car fashion. (Overlong corridors waste time and space.)

The doors of all rooms open

relief from the suffering and mental anguish of

cancer



THORAZINE * (chlorpromazine, S.K.F.)
one of the fundamental drugs in medicine

Smith Kline & French Laboratories

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treat the "common cold plus

new MADRICIDIN

ADRIB

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osage: A ale q.i.d. ontinue 1

aution: Ti by should dequate fi rasias occ

JS compt palliative effect <u>plus</u> defense against secondary invaders

ch capsule provides:

MADRIBON

125 mg

low-dosage sulfonamide . . . to help prevent the condary bacterial infections which may complite the common cold

THEPHORIN TARTRATE

10 mg

an antihistamine with low incidence of side effects
to relieve the allergy-like congestion, sneezing and lacrimation which often accompany respiratory infections

CAFFEINE

30 mg

a direct-acting physiological stimulant . . . to allay drowsiness and fatigue and to help combat the "dragged out" feeling of the patient with a common cold

asage: Adults — first day, 2 capsules q.l.d.; 1 caple g.l.d. thereafter.

minue therapy for 5 to 7 days or until patient is

polion: The usual precautions in suifonamide therey should be observed, including maintenance of depute fillion intake, if toxic reactions or blood dysaxis occur, use of the drug should be discontinued.



ROCHE LABORATORIES

Division of Hoffmann-La Roche Inc. Nutley 10, N. J.

MADRIBON®—2.4 dimethoxy, 6-sultanilamide, 1, 3-diezim THEPHORIN® Tartrate—brand oil pheningamine, fartrate MADRICIDIN^{1, 49}.

OFFICE BIG ENOUGH?

directly into the corridor—not into other rooms, where they might cause traffic snarls. (Possible exceptions: the darkroom door opening into the X-ray room; the recovery room off the surgery.)

¶ There's a side door through which delivery men, special visitors, and emergency cases can bypass the reception room.

¶ The patients' lavatory isn't directly off the reception room, but can be reached easily from both reception and treatment areas. (Best possible location: next to the laboratory, with a pass-through for specimens.)

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¶ Equipment and supplies are stored near where they'll be used, not at the opposite end of the office.

No Place for a

Cash-Register Complex!

Medicine has some men who are in it for the money. The strange thing is, they don't do as well as the men who put service first

BY CHARLES MILLER, M.D.

He was a brilliant student, president of his class, a big man on campus, evidently with a bright future in his chosen field, medicine. A professor was having a quiet talk with him:

Why had he gone into medicine? Answer: Medicine looked lucrative. What did he want to do as a doctor? Answer: Get into the specialty that offered the biggest fees. And the student added: "I hope to make a lot of money in a hurry. I'd like to retire in about ten years..."

Perhaps you ran across this disturbing vignette in one of Time's past issues. Time called it typical of the younger generation.

I don't know about the younger generation, but I do know

quiets the cough and calms the patient

Expectorant Antihistaminic

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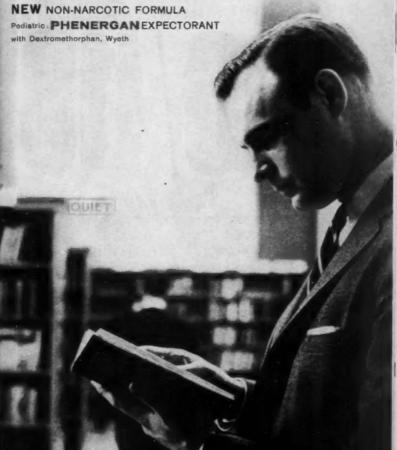
Sedative Topical anesthetic

PHENERGAN

EXPECTORANT

Promethazine Expectorant, Wyeth with Codeine Plain (without Codeine) Philadelphia 1, Pa.

Wyeth



Blood pressure before Apresoline-Esidrix:

206/118

mm. Hg*

176 MEDICAL ECONOMICS · NOVEMBER 9, 1959

Blood pressure after Apresoline-Esidrix:

182/98

mm. Hg

Added benefits: Lowered dosage requirements, fewer side effects • Improved renal blood flow • Relaxed cerebral vascular tone • Excellent diuresis in decompensated cases

SUPPLIED: Apresoline-Esidrix Tablets (orange), each containing 25 mg. of Apresoline hydrochloride and 15 mg. of Esidrix; bottles of 100.

*Response of 56-year-old female patient noted in clinical report to CIBA.

APRESOLINE® hydrochloride (hydralazine hydrochloride CIBA) / ESIDRIX® (hydrochlorothiazide CIBA)

Apresoline - Esidrix

POTENTIATED ANTIHYPERTENSIVE FOR ADVANCING HYPERTENSION



2/2746 MK

MEDICAL ECONOMICS · NOVEMBER 9, 1959 177



what do you prescribe for your own colds, doctor?

Many doctors, when they have colds, use Novahistine, the pioneer product for oral therapy of nasal congestion. If you have not personally experienced the gratifying relief afforded by the "Novahistine Effect" write us for professional samples of Novahistine preparations.

PITMAN-MOORE COMPANY · Division of Allied Laboratories, Inc. · Indianapolis 6, Indiana

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about doctors. The vast majority of those I've had anything to do with—even the young ones—do not put money first. It is discernibly secondary to the satisfaction that comes from doing worthwhile work they like and have talent for.

They Shun Mercenary Men

What's more, I have news for the young student in question:

A mercenary physician, no matter how professionally competent, eventually finds his patients drifting away. His personality begins to reflect his moneyhappy bent; and pretty soon his reputation echoes it.

People aren't insensitive to these things. As a New York Times editorial once said of the truly successful physician:

"Skill and ability undoubtedly play their part, just as acumen does in business; but probably in no other profession is the confidence inspired by personality and reputation so important an asset as in medicine."

There's no place for a cashregister complex there!

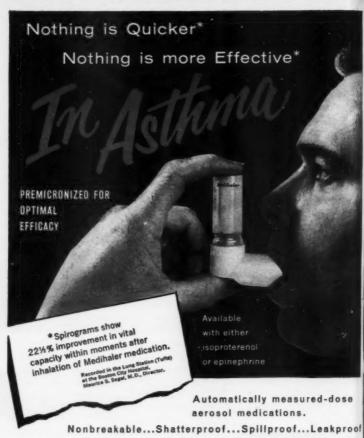
vasoconstriction in minutes... bacteriostasis for hours

Paredrine Sulfathiazole Suspension

In nasal congestion, thinitis, sinusitis and sore throat-that seasonal quartet of upper respiratory complaints-'Paredrine' Sulfathiazole Suspension owns an enduring record of clinical success. A rapidacting vasoconstrictor ('Paredrine' brand of hydroxyamphetamine) combined with a topically effective antibacterial agent, this intranasal preparation swiftly decongests the nasopharynx and coats it with a lasting film of Micraform® sulfathiazole. This treatment provides both maximum effectiveness and minimum interference with ciliary action. And by prescribing 'Paredrine' Sulfathiazole Suspension, the physician can reserve antibiotics for more serious infections.

Smith Kline & French Laboratories OKP

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Medihaler-Iso®

Isoproterenol sulfate, 2.0 mg. per cc., suspended in inert, nontoxic aerosol vehicle. Contains no alcohol. Each measured dose contains 0.06 mg. isoproterenol.

Medihaler-Epi®

Epinephrine bitartrate, 7.0 mg. per cc., suspended in inert, nontoxic aerosol vehicle. Contains no alcohol. Each measured dose contains 0.15 mg. epinephrine.

NOTABLY WELL TOLERATED AND EFFECTIVE FOR CHILDREN, TOO -

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How Today's House-Staff Men



Make Ends Meet



Do you think that the current crop of internes and residents can't possibly be as hard up as you were in the good old days? This survey of ninety young doctors may change your mind

By Lois Hoffman

When you were an interne or resident, you were probably paid little or nothing for your work.

Chances are you considered yourself lucky just to find a hospital post. You were too busy learning medicine to think very much about money. (Or, at least, that's the story as you now recall it.)

Things have changed. As you know, the shortage of house-staff men has forced many U.S. hospitals to raise their stipends and to provide other benefits in order to attract house officers. Does this mean that today's young man

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when these symptoms point to depression

self depreciation

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Dexamyl*—through its mood-improving and antidepressant action—helps smooth your patient's adjustment to daily living. And, because 'Dexamyl' induces a sense of well-being, it often helps the depressed patient become more responsive to your counselling.

'Dexamyl', a combination of 'Dexedrine' (dextro-amphetamine sulfate, S.K.F.) and amobarbital, is available as tablets, elixir and Spansule* sustained release capsules.

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When listlessness and lethargy accompany depression, Dexedrine's gentle stimulation helps revive normal interest, activity and capacity for work.

> Dexedrine* is available as tablets, elixir and 'Spansule' sustained release capsules.



Smith Kline & French Laboratories

*T.M. Reg. U.S. Pat. Off.

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QUESTION:

What have authorities reported as to the efficacy of Fiorinal in tension headache?

ANSWERS:

From the published reports of leading clinicians.



"The most effective symptomatic medication in the treatment of tension headache have been several analgesic and sedative combinations. One of the most effective is

Fiorinal, which yielded relief in two out of three patients." (Friedman, A. P., von Storch, T. J. C. and Merritt, H. H.: Neurology 4:773, Oct. 1954.)

"In the treatment of tension headaches... [Fiorinal's nonnarcotic action] offers a better opportunity for relief than some usually prescribed non-nar-



cotic analgesics." (Weisman, S. J.: Am. Pract. & Digest. Treat. 6:1019, July 1955.)



"Fiorinal appears to be one of the most useful preparations to date for the relief of tension headaches. Easing of the head discomfort was accomplished by one or

two tablets without any unpleasant side effects such as drowsiness or gastric upsets. In many cases Fiorinal appeared to temporarily relieve the discomfort from sinus trouble or acute respiratory infections." (Kibbe, M. H.: Dis. Nerv. System 16:77, March 1955.)

specific therapy
for
tension
headache

Fiorinal

relieves pain, muscle spasm, nervous tension rapid action • non-narcotic • economical

FIORINAL TABLETS

Each tablet contains: Sandoptal (Allylbarbituric acid N.F.X) 50 mg. (%gr.), caffeine 40 mg. (%gr.), acetylsalicylic acid 200 mg. (3gr.), acetophenetìdin 130 mg. (2gr.).

Dosage: 1 or 2 tablets every 4 hours according to need, up to 6 per day.



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HOUSE-STAFFERS

gets a financial break you couldn't have dreamed of, a few years ago? Is he really pampered, as some older doctors have charged?

Not according to a recent study made by MEDICAL ECO-NOMICS' sister magazine RISS. In the study, a representative selection of house-staff menninety in all-were asked how much it costs them to live, where they get the money, what they think of their present stipends, and so on. The findings may not make you nostalgic for your own starvation-level past. But they may change your mind about the "easy" modern road to medical practice.

Stipends Not Adequate

Only 18 per cent of the surveyed youngsters report that they manage to get along on their stipends. Some of these are married, some not; about a third are in the Armed Services or other relatively high-paying posts.

The remaining 82 per cent borrow, draw on their savings, use their wives' earnings, or do some work outside the hospital to scrape up extra money.

By a statistical coincidence,

immortals of chinese mythology:



Chung-li Chu'an

This powerful magician revived the souls of the dead with a wave of his fan and gained a lasting place in Taoist legend

... this pioneer corticosteroid has proved invaluable in treating millions of living

TETICORTEN

METICORTEN, brand of prednisone, 5 mg. tableis.

SCHERING CORPORATION - BLOOMFIELD, NEW JERSEY

You will soon receive in your mail a full-color, handmade, three-dimensional figure of this Chinese Immortal, mounted and suitable for framing.

8-318

the percentages of married and unmarried respondents line up the same way: 18 per cent are bachelors, 82 per cent are married. Three-quarters of the married men have one or more children.

Here are some details of these doctors' financial lives, as revealed by their answers to a number of specific questions:

Do they think their hospital posts pay too little?

	% of Respondents	Median Monthly Stipend
Yes	73%	\$150
No	27	300

Many of the men who consider themselves underpaid point out that their hourly rate of pay is below that earned by ordinary laborers or by apprentices in other fields. The difficulty of providing a decent living for oneself and one's family is a common complaint. Some striking examples of the difficulty:

¶ "My little son threw one of his sister's shoes out of the car and neglected to mention it until we'd gone thirty miles. She had to wear bedroom slippers for two weeks, until payday." ¶ "I wash my own socks because I can't afford to buy enough to last till the hospital laundry comes back."

¶ "I've lost several teeth because I couldn't afford to go to a dentist during interneship and early residency. So now I have to get a dental bridge and partial plate. I'm paying the dentist \$10 a month."

¶ "My own hospital presented me with a bill for \$168 when my son was born there. I don't know how I'll ever pay it, on a stipend of \$225 a month."

To offset such hard facts, consider the philosophical point of view expressed by the men who don't consider themselves underpaid:

¶"Doctors earn well once they start to practice. So a period of underpayment helps them to understand what money can mean to those who don't have very much of it."

¶ "No hospital could pay a conscientious house officer his true value."

¶ "The interne's stipend was never intended to provide a living wage." More



detoxifies putrefactive material, and soothes the irritated intestinal mucosa. Chocolate-mint flavored...readily accepted by patients of all ages.



MSD MERCK SHARP & DOHME

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when a tranquilizer is warranted.





SEVERITY (ONDITI

The extended usefulness of TENTONE is readily apparent

TENTONE Methoxypromazine Maleate is a new, distinctive phenothiazine . . . highly active . . . for general use in mild and moderate emotional and psychosomatic disorders.

TENTONE elicits a striking, positive calming response^{1, 2}... with marked reduction of psychic disorientation, and low risk of blood, liver or other organic toxicity and intolerance.1-4

TENTONE parallels the weaker ataractics in low incidence of side effects. Freedom from induced depression is apparently even greater.5

TENTONE provides a broadly adaptable dosage range (30 to 500 mg. daily) to permit maximum control in cases of varying severity.

TENTONE is also indicated to relieve emotional stress in surgical, obstetric and other hospitalized patients.

Dosa

table one !

with S. E.

LEDER



Dosage: Mild to moderate cases-average starting dose, one 10 mg. or one 25 mg. tablet three or four times daily. Moderate to severe-average starting dose, one 50 mg. tablet four times daily. Supplied: 10 mg., 25 mg., and 50 mg. tablets.

Bodi, T., and Levy, H.: Clinical report, cited with permission.
 Wetzler, R. A., and Phillips, R. M.: Clinical report, cited with permission.
 Prigot, A.: Clinical report, cited with permission.
 Foschiat.
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Methoxypromazine Maleate

LEDERLE LABORATORIES, a Division of AMERICAN GYANAMID COMPANY, Pearl River, N.Y.



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HOUSE-STAFFERS

What would they consider a really fair stipend?

\$250 is the median monthly stipend cited by internes.

\$400 is the median monthly stipend cited by residents.

The lowest figure suggested as a fair stipend is \$180—by an unmarried interne who says he now gets along fine on just that much. The highest figure is also "what I earn now"—in this case a phenomenal \$11,040 a year. A few modest house officers propose

stipends lower than those they're getting.

How much money have they had to borrow in order to finance their medical education and training?

48% have had to borrow (many others have been given the money).

Median amount borrowed: \$4,000.

47% say they still owe all or most of what they've borrowed.

30% are sure they'll have to



"Now, what's the big attraction in here?"

When infection with the supplied mg./125, Pediatrie

No de prescribroad bat in simulatincrea infecti in pre of ant Myste proved the fin cases⁴

References Encycloper and Sternt A. I.: Shea 5. Stone, p. 862. 6.

better safe than Selly

No doubt about it. It is better to be safe than sorry. And when you prescribe Mysteclin-V, you are playing safe. Mysteclin-V — a combined broad spectrum antibiotic/antifungal agent is specially designed to combat most of the commonly encountered pathogenic organisms¹ and, simultaneously, to protect against fungal superinfections.².³ With the increased use of broad spectrum antibiotics the incidence of such superinfections has risen and the danger of superinfection is especially great in pregnant patients, in diabetics, and in those who require long courses of antibiotic therapy.

Mysteclin-V controls infection and prevents superinfection — with the proved effectiveness of tetracycline phosphate complex and Mycostatin, the first safe antifungal antibiotic. Thousands of successfully treated cases⁴⁻⁶ of respiratory, urinary tract, intestinal, and miscellaneous infections attest to the safety and clinical effectiveness of Mysteclin-V. When you prescribe Mysteclin-V, you make a telling assault on bacterial infection and prevent fungi from gaining a foothold.

Supplied: Capsules (250 mg./250,000 u.), bottles of 16 and 100/Half-strength Capsules (125 mg./125,000 u.), bottles of 16 and 100/Suspension (125 mg./125,000 u. per 5 cc.), 2 oz. bottles/Pediatric Drops (100 mg./100,000 u. per cc.), dropper bottles.

Referencas: 1. Cronk, G. A.; Naumann, D. E., and Casson, K.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia Inc., 1958, p. 397. 2. Childs, A. J.: Brit. M. J. 1:660 (Mar.) 1956. 3. Newcomer, V. D.; Wright, E.T., and Sternberg, T. H.: Antibiotics Annual 1954-1955, New York, Medical Encyclopedia Inc., 1955, p. 686. 4. Gimble, A. I.; Shea, J. G., and Katz, S.: Antibiotics Annual 1955-1956, New York, Medical Encyclopedia Inc., 1956, p. 676. 5. Storte, M. L., and Marsheimer, W. L.: Antibiotics Annual 1955-1956, New York, Medical Encyclopedia Inc., 1956. p. 682. 6. Campbell, E. A.; Prigot, A., and Dorzey, G. M.: Antibiotic Med. & Clin. Ther. 4:817 (Dec.) 1957.

"HISTECLIN", "BUNYON", AND "HYSOSTATIN" AND SQUISS TRASCHARMS

Mysteclin - V

SQUIBB



Squibb Quality the Priceless Ingredient

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d:

or d. borrow more before starting practice.

A few men report they still owe as much as \$20,000. One man has borrowed \$13,200 during his hospital training alone.

As you'd expect, most of the borrowed money has been provided by parents, relatives, or friends. Other sources include universities, medical societies, banks, life insurance and other companies, hospitals, and state governments.

One Iowan sums up the desperate scramble for funds this way: "I've borrowed \$5,000—from every Tom, Dick, and Harry I know who has a nickel to spare."

Do they do other work (aside from that as an interne or resident) in order to earn money?

31% of the residents (plus one interne) say they do.

Over half these spend about ten hours a month on outside work.

Median monthly income from such work: \$100.

Honors for the longest outside hours and the top outside pay go to a resident who earns \$500 a month for 120 hours' general practice in a group clinic. Most of the others also use medical skills in their second job. They do research; life insurance examinations; industrial, club, school, or sports examinations; night OB anesthesia; "occasional office work on the sly for G.P.s"; and so on.

But one Virginia man finds it more profitable to work nights as a restaurant cashier. He makes \$40 a week at this job, and he pays another resident \$10 a week to take his night calls at the hospital.

Does medical training suffer as a result of such outside activities? A few men admit it does. A Massachusetts resident comments:

"I spend eighty hours a month doing lab work in a private institution. I'd be learning a lot more psychiatry if I could spend that time in my own hospital."

Still, many house officers say they'd take on a second job if they could. A number report wistfully that rules at their hospitals forbid outside employment. And a New York interne com"A or suffic of the rence Orbaci 1959. in ar "Patie ment

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Grahar 1958.



in acute superficial thrombophlebitis

"A one-week course of therapy is generally sufficient to produce satisfactory resolution of the inflammatory process without recurrence."

Orbach, E. J.: J. Internat. Coll. Surgeons 31:165, 1959.

in arthritis and allied disorders

"Patients who experienced major improvement had prompt and almost complete relief of pain and stiffness, which could be maintained on a small maintenance dose." Graham, W.: Canad. M.A.J. 78:634, (Oct. 15) 1958.

Butazolidin[®]

(brand of phonylbutazone) tablets - alka capsules

BUTAZOLIDIN® (brand of phenylbutazone): Redcoated tablets of 100 mg.

BUTAZOLIDIN® Alka: Orange and white capsules containing BUTAZOLIDIN 100 mg.; dried aluminum hydroxide gel 100 mg.; magnesium trisilicate 150 mg.; homatropine methylbromide 1.25 mg.

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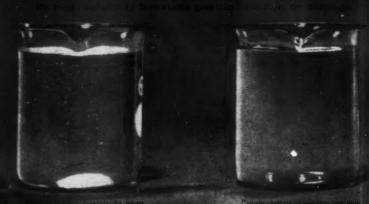
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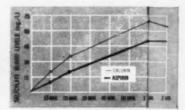
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CALURIN

STABLE SOLUBLE CALCIUM-ACETYLSALICYLATE-CARBAMIDE



Particle-induced ulceration — section through lesion found in gastrectomy specimen. An aspirin particle was found firmly imbedded in this undermined erosion. Such lesions may be associated with the relative insolubility of aspirin, which remains in particulate form after dispersion in gastric contents.



Calurin, being freely soluble, is promptly available for absorption into the systemic circulation. Salicylate blood levels in 12 subjects receiving both Calurin and plain aspirin were found to rise more than twice as high within ten minutes foliowing Calurin. Also, these levels persisted higher for at least two hours. 11

CALURIN is the aspirin of choice, especially when high-dosage, long-term therapy is indicated:

- 1 High solubility forestalls gastric irritation or damage. This advantage is of special importance in arthritis and other conditions requiring high-dosage, long-term therapy.
- 2 Produces high salicylate blood levels rapidly for prompt analgesic, anti-pyretic, anti-arthritic effect.
- 3 Sodium-free for safer long-term therapy.
- 4 Flavored: can be chewed or dissolved in the mouth without water if desired — an advantage for patients requiring aspirin administration during the night and for pediatric patients.

stage: Each tablet of Calurin is equivalent to 300 £ (5 gr.) of acetylsalicylic acid. For relief of pain of fever in adult patients, the usual dose of Calurin 1 to 3 tablets every 4 hours, as needed; in arthritic ates, 2 or 3 tablets 3 or 4 times daily; in rheumatic fever, 3 to 5 tablets 4 or 5 times daily. For children over 6 years, the usual dose is 1 tablet every 4 hours; for children 3 to 6 years, ½ tablet every 4 hours, as required. Not recommended for children under 3.

EEEEEKCE;s: 1. Waterson, A. P.: Aspirin and gastric heemorrhage, Brit. M. J. 2:1531, 1955. 2. Douthwelfe, A. H., and Lintott. A. M.: Gastroscopic observation of the effect of aspirin and certain other substances on the stomach, Lancet 2:1222, 1938. Editorial Comments: The effect of acutystalicytic acid (aspirin) on the gastric mucosa, Ganad. M. A. J. 89-67, 1959. 4. Mutr., and Cossar, I. A.: Aspirin and gastric heemorrhage, Lancet 39, 1999. 6. Schneider, E. M. Aspirin as a gastric infrant. Gastroenterology 33:616, 1957. 7. Bayles, T. B., and Tenchhorft, Salicylate therapy in rheumatic diseases, Scientific Exhibit. Ann. Mg. A. M. A.; San Francisco, Galifi, Jume, 1998. 6. Batter, R. C.: Comparison of buffered and unbuffered acetylsalicylic acid, New Eng. J. M. 289:213, 1999. 10. Editorial: Aspirin is and buffered, Brit. M. J. 1:349, 1999. 11. Smith, P. K.: Pleasme concentration of salicylate after the distribution of lyfialicylic acid or calcium acetylsalicylate to human subjects, Report submitted to Smith-Dorsey from Dept. of Pharma-49, Goo. Washington Univ. School of Medicine, Washington, D. C., Sept. 5, 1998.

SMITH-DORSEY a division of The Wander Company . Lincoln, Nebraska

HOUSE-STAFFERS

ments: "I don't have time to sleep, much less take on another job!"

Do their wives have to work?

42% of the wives work, twothirds of them full-time.

100% of the wives with no children work.

23% of the wives with children work.

Median monthly earnings of the working wives: \$250.

What other sources of income do they have?

28% have some extra income; it's mainly provided by parents.

Median monthly amount: \$100.

Are they now using any savings to support themselves?

31% say they are.

Median amount used per month: \$50.

"Have none!" "All used up long ago!" Such comments come from almost every man who says he's not dipping into his savings.

Typical sources of funds reported by those who still have money in the bank: the wife's previous earnings; the doctor's own previous work, including private practice and military duty; gifts and legacies.

An Ohio resident says his family of three is just able to scrape by, thanks to "wedding gifts given us to buy home furnishings. We still don't own a stick of furniture."

And a Kentuckian who left general practice for a residency takes \$500 a month out of the savings account he built up during his G.P. years.

Are they able to save money right now?

17% answer yes.

Median amount saved: \$100 a month. More▶

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HEART FUND HEART

196 MEDICAL ECONOMICS · NOVEMBER 9, 1959

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ODAY'S STEROS

BRONCHIAL ASTHMA—(Female, 53), Source: M.D., New Jersey

"Results excellent. Although control was adequate with previous corticosteroid therapy, certain side effects did appear occasionally. No side effects have appeared with Deronil and she has been entirely asymptomatic."

POISON OAK DERMATITIS— (Male, 41), Source: M.D., Georgia "Complete clearing of severe dermatitis."

ECZEMATOUS DERMATITIS, Dyshidrosis of hands—(Male, 42), Source: M.D., Maryland

"Patient has had numerous vesicular lesions on his hands for years.

Deronil is the first steroid that has given him any relief for any length of time."

TENOSYNOVITIS – (Male, 46), Source: M.D., Illinois

"Previous therapy failed. Deronil alone completely relieved him."

HERPES ZOSTER – (Female, 41), Source: M.D., Nebraska

"No response from enzymatic therapy; relief from pain in 24 hours on Deronil. Lesions cleared in 8 days."

*Responses of patients to DERONIL as reported by physicians to the Schering Department of Professional Information.

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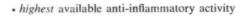




adding patients for steroid benefits adding benefits for steroid patients

DERONIL

benefits demonstrable in your practice



- · lowest effective steroid dosage
- · minimal diabetogenic potential
- avoidance of "new" side effects—no muscle weakness, anorexia, weight loss
- greatest patient convenience— specially scored, "easy-break" tablets

DEROT ODAY'S

NIL.



Consult Schering literature for details of indications, dosage, precautions and contraindications.

Packaging: DERONIL Tablets, 0.75 mg., scored, bottles of 50 and 500.

DERONII.-T. M.-brand of dexamethasone.

SCHERING CORPORATION . BLOOMFIELD, NEW JERSEY





"Are you kidding?" was the scornful response to the above question by an Indiana resident who's trying to support a wife and child on \$177 a month. Most of the doctors who are now putting money away are in relatively high-paying posts, or they're bachelors, or their wives have good jobs.

In addition to their stipends, what maintenance and other benefits do they get from the hospital?

Laundry	49%
Meals	48
Room or other lodging	26
Subsistence allowance	15
Uniforms	12
Hospitalization	9
Free or cut-rate drugs	4
No benefits	29

Some of these headings cover a lot of variations. Take "Room or other lodging," for example.

A number of the men say they're assigned a room only when on call. A few others get free or low-cost housing for the entire family. In general, the wife and children share few benefits aside from the subsistence allowance.

About how much do they spend each month for basic living expenses?

\$300 is the median amount reported by married men.

\$200 is the median amount reported by unmarried men.

Some spend nothing for rent, heat, and so on. But where such amounts are given, here are the average monthly expenditures for major items:

١	di literia.		
		Married	Unmarried
	Rent	\$93	\$73
	Heat	13	*
	Telephone	8	11
	Utilities	14	
	Food	98	55
	Clothing	24	25
	Entertainment	17	53
	Automobile	41	56

Looking back at your own early days, you may feel that you were a lot worse off than 1959 house-staff men. "Those extravagant bachelors!" you may snort. "Spending \$53 a month just for entertainment!"

Do you remember what a dinner-and-movie date used to cost you? Try it today and see what happens to a \$20 bill.

Statistics insufficient for inclusion.

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DIPHTHERIA PERTUSSIS TETA

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FOR SIMULTANEOUS IMMUNIZATION against 4 diseases:

Poliomyelitis - Diphtheria - Pertussis - Tetanus

XUM



now immunization is possible against more diseases - with fewer injections

Dosage: 1 cc. Supplied: 9 cc. vials in clear plastic cartons. Package circular and material in vial can be examined without damaging carton. Expiration date is on vial for checking even it carton is discarded.





MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

OFFICE MANAGEMENT MEMO

From J. Forrest Joyner Jr.

Vice president of PM Southeast, a professional management firm with headquarters in Southern Pines, N.C.



Music to Medicate by

If you don't already have music in your office, there are several easy ways to get it. In many towns and cities, you can have it piped in for a modest monthly fee. Or you can put a hi-fi phonograph in your reception room. Or, if there's a good FM radio station within range, you need only buy an FM receiver.

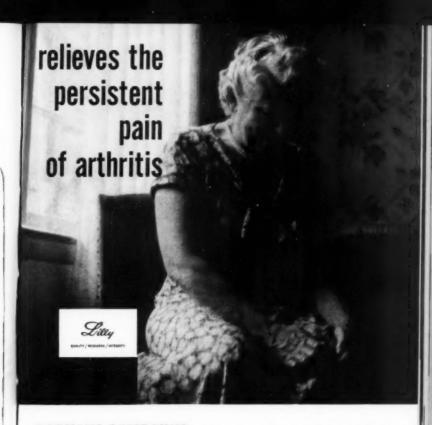
But don't overdo a good thing. Here are some tips distilled from the experience of many M.D.s:

- 1. Don't keep the music on all the time. Have five or ten minutes of silence every half-hour.
- Keep the volume way down. If the music interferes with low-toned conversation or distracts readers, it's too loud.
- If you play your own records, buy new ones often or swap with other doctors who have their own. Reiteration of the same old tunes will drive your Girl Friday nuts.
- 4. Play instrumental music only. "Vocals" tend to irritate patients. So do hit records, "hot" music, or novelty tunes.

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DARVON® COMPOUND, potent - safe - well tolerated

Usual dosage: 1 or 2 Pulvules® three or four times daily.

Each Pulvule Darvon Compound provides:

(dextro propoxyphene hydrochloride, Lilly)

(acetylsalicylic acid, Lilly)

Also available: Darvon, in Pulvules of 32 and 65 mg.

Daryon® Compound (dextro propoxyphene and acetylsalicylic acid compound, Lilly)

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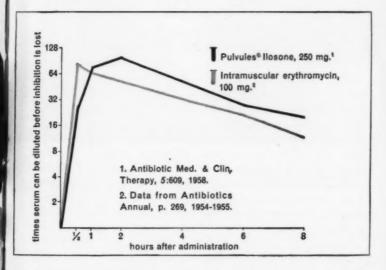
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... to assure you a decisive response in common bacterial infections

1. Parenteral Potency The graph below shows that Ilosone provides antibacterial levels in the serum which are at least as effective as those obtained with intramuscular therapy.



2. Parenteral Certainty In more than a thousand determinations—in hundreds of patients studied—Ilosone has never failed to provide significant antibacterial levels in the serum.

The usual dosage is 250 mg. every six hours, but doses of 500 mg. or more may be administered safely in more severe infections. For optimum effect, administer on an empty stomach.

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Answers to Your Answering-Service Problems

Want your telephone exchange to work better for you? Try these tips from a doctor who knows both sides of the switchboard—as a busy practitioner, and as the owner of a highly successful exchange

By Peter Allen Bakal, M.D.

Do your patients get brusque treatment from your answering service? Have you ever been left hanging on a dead wire, completely forgotten by the overworked girl at the other end? Does the telephone exchange sometimes deliver a morning message at 6 P.M.?

Many doctors have such complaints—and worse—about their answering services. I know I used to. Partly in order to improve things, I bought my own exchange in 1952. That's how I learned that the faults aren't necessarily all on one side.

I'd always realized that we physicians require "Cadillac" service: service that's efficient, courteous, prompt, and intelligent. But seven years of running an exchange have taught me that the average doctor needs more service than any other kind of exchange client—just about ten times as much as the typical business firm.

You want a better deal from your own exchange? From my

THE AUTHOR is a 38-year-old G.P. who practices in Scotia, N. Y. Seven years ago, he bought the smallest answering service in the Schenectady area. It's now the largest.

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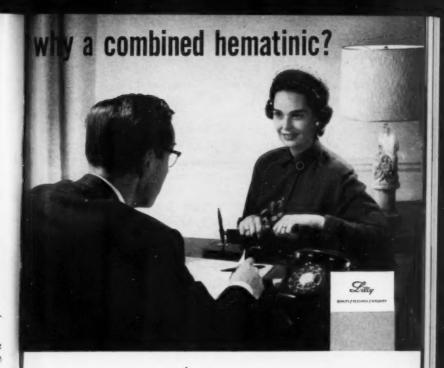
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both blood picture and patient respond to TRINSICON°

Investigators^{1,2} have determined that low serum iron may be accompanied by insidious vitamin B₁₂ deficiencies which result from subnutrition, increased demand, or lack of intrinsic factor. Coexisting vitamin C deficiencies also have been found.³

These studies suggest that an anemia may be multiple in nature—that optimum results would be derived from a combination of therapeutic agents.

Trinsicon offers therapeutic quantities of all known hematinic factors. Prescribe two Pulvules® daily to provide assured response in all treatable anemias.

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1. A. M. A. Arch. Int. Med., 99:346, 1957. 2. Am. J. Obst. & Gynec., 70:1309, 1955. 3. Lancet, 1:448, 1957.

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ANSWERING SERVICE

dual vantage point, let me list a few things you can do to get it:

1. If you want "Cadillac" service, be willing to pay for it. When I raised charges \$5 a month in order to improve the quality of our work, my businessmen-clients (for whom we handle an average of thirty calls a month) felt the improvement was worth the extra fee. But many of my doctor-clients, who average 200-odd calls for the same minimum fee of \$20, howled! One even denounced me at a local medical society meeting. But he's back with my exchange -an admission that better and more expensive personnel and equipment are well worth the additional cost.

How much should you expect to pay for good answering service? Charges depend on area

wages, on the size of the exchange, on how much you use it, and on the make-up of its clientele. For example, an all-doctors exchange is bound to be especially expensive; monthly minimum charges may run about \$35 or \$40. But with a service that also has commercial accounts, you should pay a minimum rate of \$15 to \$25.

In some areas, the minimum charge covers the first 100 messages. Additional messages are 10 cents each. When an operator takes a call at the exchange and telephones you to transmit the information, you pay for two messages.

In my locale (Schenectady, N. Y.) we're more liberal: We make no per-message charge, but rates are graduated by the number of calls a client receives. Thus, the doctor who gets 150 to 300 calls a month pays \$20 for the service; the pediatrician with 600 calls pays \$35; the man



EXCHANGE OWNER, Dr. Peter Allen Bakal of Scotia, N.Y., personally sees that physician-subscribers get "Cadillac-quality" service.

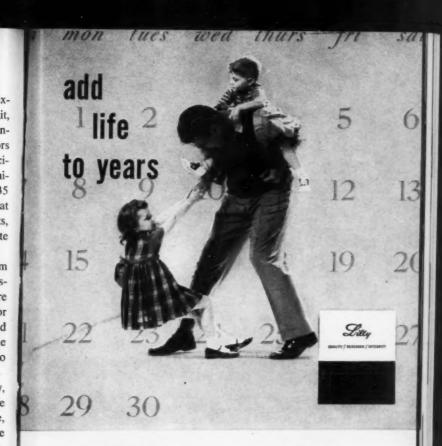
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MI-CEBRIN®... broad vitamin-mineral support to help maintain tissue integrity

"Mere duration of life is not enough," stresses Spies;1 ". . . we must devise methods which make old age wait." These, he says, are chiefly dependent on nutrition and the metabolic state. Although nutrition is a problem that involves all essential nutrients, vitamins and minerals play a vital role in the production and maintenance of healthy tissues.

Mi-Cebrin supplies 11 vitamins and 10 minerals in an attractive, easy-totake tablet. Just one tablet a day will prevent practically all known vitaminmineral deficiencies. Prescribe Mi-Cebrin as a part of your total effort to extend the prime of life of your adult patients.

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1. Spies, T. D.: The Influence of Nutritional Processes on Aging, South. M. J., 50:216, 1957.

LILLY VITAMINS . . . "THE PHYSICIAN'S LINE"

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who gets only a few calls may possibly pay as little as \$15 a month.

How Many Operators?

2. Make an occasional check on exactly what you're getting for your money. What should you look for? Well, my exchange tries to give every client the kind of service I want myself. It includes the following "extras":

¶ We employ proportionately more operators than less effective exchanges do. An answering service can get by with one operator for every 100 subscribers. We keep the ratio at one operator to seventy subscribers, and one to fifty during emergencies. That's why our switchboards have never been hopelessly swamped, even when doctors were constantly on the go, as during the 1957 Asian flu epidemic.

¶ We have an internal checking system to make sure that messages are delivered fast and that none are lost. In addition, all messages are written in detail, stamped with the time received, and kept on file. (This

time stamp and the filing "extra" have already saved one physician and the city's ambulance service from lawsuits.)

¶ Our up-to-date rosters list each M.D.-client's office hours; his hospitals; when he makes his rounds; and where he eats lunch, plays golf, or dines.

¶ A two-way car-radio service is also available.

Unless you're getting all the above services—and more—you're not getting a bargain, no matter how little you pay. Good answering services cost money.

'Mileage Rates' Explained

If you feel your exchange is too costly, here's a tip for you. You may be paying more than you need in "mileage rates." Chances are, you're not even aware of your mileage rate. But you should be. Such rates are phone-company surcharges (not itemized on your bill) that depend on how close the answering service and phone-company offices are to each other.

You probably pay \$2 or \$2.50 a month if your exchange site is within one-tenth or one-quarter

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TUINAL® blends the benefits of two leading barbiturates

There are equal parts of quick-acting Seconal® Sodium and moderately long-acting Amytal® Sodium in each Pulvule® Tuinal. This provides your obstetric patient quick, sustained amnesia; your surgical patient relief from apprehension and fear.

Available in three convenient strengths—3/4, 1 1/2, and 3-grain Pulvules.

Tuinel® (amobarbital sodium and secobarbital sodium, Lilly)
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Amytal® Sodium (amobarbital sodium, Lilly)

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ANSWERING SERVICE

of an air mile from the company. But the monthly mileage rate can go as high as \$18.50. So you'll do well to check on this charge. If you have a choice of two equally good answering services, use the one with the lower mileage rate.

See for Yourself

3. Before you subscribe to an answering service, visit its offices. A quick look will tell you a lot about the quality of service you can expect. For example, where is the exchange located? Is it in a neighborhood a respectable woman can walk through at night? The exchange I bought was formerly in a loft over a bar. Its operators were sometimes molested by drunks. Clearly, the kind of women whom you and your patients need won't accept such an arrangement. We moved immediately.

Then, too, are working conditions pleasant for the operators? If not, they may become irritable, and the strain will show in their voices and attitudes. Efficient operators need air conditioning, regular rest periods, and comfortable armchairs. They also need adequate pay. You

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HOMICEBRIN®... homogenized multiple vitamins, taste-tested for "tot-appeal"

Willful youngsters are often quite particular about their personal vitamin supplement. However, even the most fastidious of them welcome pleasanttasting Homicebrin into their daily routine.

This boon to harried parents is also reassuring to the physician. Homicebrin supplies eight essential vitamins, potency-protected by homogenization and careful buffering. To be certain your "tot-age" patients take and receive their full vitamin requirements, specify Homicebrin.

Homicebrin® (homogenized multiple vitamins, Lilly)

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have a right to know whether they're getting it—or whether substandard wages may mean substandard services.

4. If you're generally satisfied with your exchange, trust it—and defend it if necessary. Many patients don't like to admit they waited until 2 A.M. to call you about something that started troubling them at 2 P.M. So they'll save face and tell you, "I phoned this afternoon, but I guess you didn't get the message."

If you prefer, you can believe all such stories. But if you know your exchange doesn't usually slip up, you'll profit from saying so to all patients. Cooperation begets more cooperation, as you know.

That's why I suggest that you call your number once a day as a frank check not only on the operators, but on the mechanical equipment. Intricate equipment can sometimes go wrong without the operators' realizing it. Good exchanges are always grateful for this sort of routine check-up.

5. Don't instruct your answering service to masquerade

as your office. You'll avoid a lot of nonsense if the operators are told to say, "This is Dr. Jones' exchange." Such frankness saves time and embarrassment. (To everyone's chagrin, we once had patients who blurted out intimate details to operators who'd been told *not* to identify themselves.)

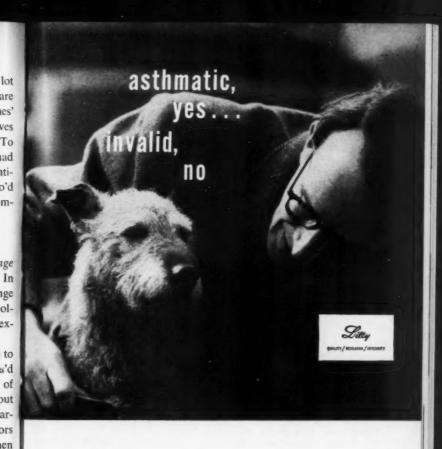
Name an Alternate

6. Don't expect the exchange to "save" patients for you. In other words, be sure to arrange your own coverage with a colleague. Don't rely on the exchange to do it for you.

Is that suggestion too basic to need emphasizing here? You'd be surprised at the number of doctors who take off without making their own coverage arrangements. I tell my operators to call another doctor only when they've been given his name. Otherwise, any caller who needs a doctor immediately and whose physician can't be located is directed to the hospital emergency room.

I don't believe operators should diagnose by phone—

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AMESEC[™] provides continuous relief

Around-the-clock Amesec protection permits the asthma patient to enjoy even the more vigorous forms of activity. One Pulvule* three times a day and one Enseal* (timed disintegrating tablet, Lilly) at bed-

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time usually give him a symptomfree day and a good night's sleep.

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It's so easy to keep the complete financial facts of your practice up-to-date, orderly and readily available for years ... with a Histacount Bookkeeping System.

You'll know, at a glance, what you earned, collected and spent for any day, week, month or year. It's so easy — no bookkeeping

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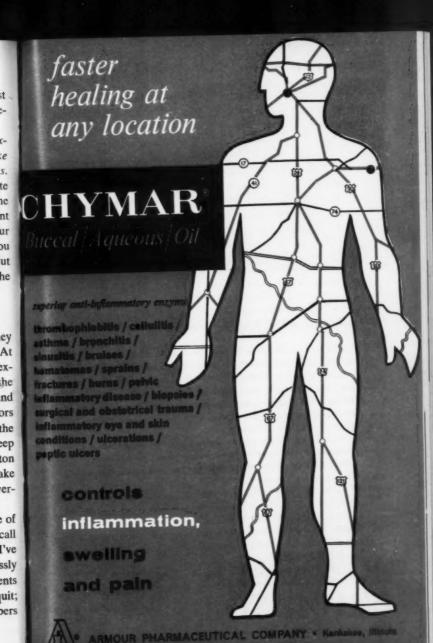
which is virtually what they must do when left to their own devices.

7. Be as courteous with exchange employes as you'd like them to be with your patients. Though the operators appreciate that your messages may be the life-or-death type, they resent being told so too often. If your exchange muffs a message, you have a justified complaint. But you don't get far by berating the operator.

When They Goof

Operators are human. They make occasional mistakes. At the first mistake, inform the exchange supervisor, so that she can check into the matter and prevent its recurrence. If errors happen often, complain to the supervisor. Then, if things keep on going wrong, you're a glutton for punishment if you don't take your business to another answering concern.

On the other hand, beware of being what exchange people call "a real troublemaker." I've known doctors who needlessly carp at everything. Such clients may cause operators to quit; then service to all subscribers infla



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may suffer. So a first-rate telephone exchange will request the troublemaker to seek service elsewhere.

If you cooperate with your exchange in all the foregoing ways, you should get satisfactory service. If it isn't satisfactory, as I've said, there's only one thing to do: Switch to another organization.

What if there's only one exchange in town? Then it's up to the local doctors to sit down with the answering service's representatives and work out a system that pleases both sides. After all, the exchange wants to do right by you; you're its bread and butter. If you're willing to pay for quality service, you can and should get it. END

t's the spirit that counts

For years I've attended an elderly woman of very limited means. She lives sixteen miles out in the country. Every time I make the trip to see her, I have to make it all over again a few days later to be given a cake or a pie. This is always inedible, but she presents it in sincere appreciation for my services in lieu of other remuneration. So of course I thank her profusely.

Recently, as I was preparing to leave her house after a professional visit, she called to me, "Now, please wait a minute, Doctor! I've got something that I want you to take with you!"

I felt overjoyed at the prospect of receiving my present now and thus avoiding the second trip just to receive it. Hoping to make this clear to her, I launched into my most lavish speech of appreciation as she appeared with the package. "Really," I finished, "you shouldn't have gone to so much trouble! What is it?"

"Oh, it was no trouble," she said. "Take it. It's urine. I think there's a little blood in it."—H. FRANK STARR JR., M.D.

throat irritations that "hang on" for days relieved promptly



Prompt relief of sore throat, evidence of healing and control of infection within hours—this is what physicians report after using Bradosol Lozenges. Results of clinical use: good to excellent improvement in 85 per cent of 978 patients. One investigator reported: "Good results, good anesthesia and relief."

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• minor throat irritations • "strep throat" •
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thrush • other common oral infections • postoperative sore throat • prophylactic therapy
in tonsillectomies and other surgical procedures of the mouth and throat.

SUPPLIED: Lozenges, each containing 1.5 mg. Bradosol bromide and 2.5 mg. benzocaine; packages of 24 in the handy "Flip-Top Box."

REFERENCES: 1. Clinical reports to CIBA.

2. White, D.: Clinical report to CIBA.

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CIBA

Fostex® treats their

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• while they wash



degreases the skin

helps remove blackheads

dries and peels the skin

... and this is how it works

Fostex provides the essential actions necessary in treating acne. It washes off excess oil. It unblocks pores by penetrating and softening blackheads. It dries and peels the skin, removing papule coverings, thus permitting drainage of sebaceous glands.

Fostex contains Sebulytic®,* a combination of surface-active wetting agents with remarkable antiseborneic, keratolytic and antibacterial actions... enhanced by sulfur 2%, salicylic acid 2%, hexachlorophene 1%.

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

Your patients will like Fostex because it is so simple to use. They simply wash acne skin 2 to 4 times a day with Fostex, instead of using soap.



... in 4.5 oz. jars. For therapeutic washing in the initial phase of oily acne treatment.

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... in bar form. For therapeutic washing to keep the skin dry and free of blackheads during maintenance therapy. Also used in relatively less oily acne.

Write for samples.

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I LEARNED SOMETHING ABOUT

Government Medicine!

On the local level, it's not so bad, says this New England physician. But the higher it goes, the less efficient it gets

BY CHARLES J. SHAGOURY, M.D.

In a single day I saw six patients whose bills were payable by town, county, state, or Federal government. As usual, I found that the bigger the political unit you have to deal with, the worse it gets—for doctor and patient.

First case was Henry Parsons. His "housekeeper" called me about 6 A.M. and said, "He's breathing kinda funny. Can you come right away?" When I arrived at his tiny shack, I found him comatose.

Of course, he had no medical or hospital insurance, no money laid by from his odd jobs of woodcutting. So I phoned Tom McNally, town selectman. I explained that Pars was sick and had to be hospitalized. How about the town treasury kicking in? Tom said sure. He knew Pars probably wouldn't live long enough to be much of a drain on town funds.

Every year, a few people among the 3,000 in this town fall ill and can't pay their medical expenses. Then the town bears the cost—as a loan whenever possible, otherwise as a downright gift.

As in Henry Parsons' case, it's

GOVERNMENT MEDICINE

handled in the informal, casual way of people who call each other by their first names. And it works well. I never knew anyone to seek town aid who didn't greatly need it. Nor do the selectmen ever refuse a legitimate request—or try to interfere with treatment.

Back at the office, after getting

THE AUTHOR had the day's experiences described here while practicing in a small New Hampshire town. He's now affiliated with the Lowell General Hospital in Lowell, Mass. He practices there full-time and thus no longer has to grapple personally with government red tape when treating welfare patients. But his local colleagues have to, Dr. Shagoury reports: "The City of Lowell and some of the neighboring towns require that the physician must make a visit to the City Hall and see a local official before making his initial billing. Furthermore, the state will not pay him for the care of hospitalized patients if there is a teaching hospital in the area. Local doctors find these things annoying and humiliating." In sum, says Dr. Shagoury, "time has only confirmed me in the beliefs expressed in this article."

Pars and his bad heart to the hospital, I found Bertha Petersen waiting. Pregnant for the sixth time, she was a charge of the county because she and her ailing husband hadn't been in town long enough to establish residence.

County Denied Treatment

I had bad news for Mrs. Petersen. The county social worker, Mrs. Carney, had refused to authorize me to send Mr. Petersen to the Lahey Clinic for treatment of the bronchiectasis I was sure he had. The social worker's reason? He didn't deserve it, and his wife really ought to leave him anyway.

It stuck in my crop, this business of a nonmedical person deciding that necessary medical care should be denied. But then the power to authorize treatment is also the power to withhold it. Most any reason will do.

True, with county aid to cover gaps in town aid, no one in the community has to go without medical care for lack of money. But when responsibility shifts to bigger units of government, red



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tape multiplies and trouble usually mounts.

The trouble isn't just that doctors are forced to depend on a social worker for authority to carry out treatment. Or that their relationship with county officials, twenty miles away, is a bit distant and formal. Because the whole set-up is less personal, county patients are often too prone to take advantage of it. They call on doctors for help when they don't really need help.

But it was time for me to make some house calls. And, as it turned out, to tangle with the state department of public welfare. I found that John Elbridge, an elderly diabetic on old-age assistance, had a bad toe. So bad, in fact, that he'd have to go to the hospital, perhaps to lose his remaining leg.

The Doctor Gets Nicked

But getting him there took some doing. For permission, I had to call the welfare department long-distance (at my expense). Having wrung consent from them, I made another call to the hospital (also long-distance, my expense) to get him admitted. Then I phoned a consultant to ask him to see Mr. Elbridge in the hospital. I'd have to pay that long-distance toll, too. Economically, at least, the Elbridge case figured to be a dead loss to me.

House Calls Pay More

Of course, I knew I'd get all of a dollar for a hospital visit. But somehow there was no allowance for car mileage—in my case, eighteen miles. For house calls, on the other hand, I knew the department paid fifteen cents a mile and \$2 for the visit. Their theory, I suppose, was that the doctor sees several other patients in the hospital at the same time. This is often not true; yet bureaucrats seem quite free to make such assumptions—at the doctor's expense.

Some day, I figured, the state medical association might get the fee schedule raised. Or perhaps some day I might get hardboiled like one of my colleagues who simply refused to see patients on old-age assistance.

What would happen then to



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References: 1. Sainz, A.: The Phrenopraxic Activity of a Non-noxious Antidepressant, Ann. New York Acad. Sc. (in press) 1959. 2. Thal, N.: Cumulative Index of Antidepressant Medications, Dis. Nerv. System 20:197 (May) 1959 3. Saunders, J. C., Roukema, R. W.; Kline, N. S., and Bailey, S. d'A.: Clinical Results with Phenelxine, Am. J. Psychiat. (In press) 1959.



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1. Hufford, A. R.: Rev. of
Gastroenterology 18:588.

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Grammy Smith? When she came into the office that day, I gave her the injection she got every two weeks to help her breathing and keep down the swelling in her ankles. She told me Mrs. Cramp, the department welfare visitor, had just been there.

"Mrs. Cramp says maybe I don't need a doctor every two weeks," Grammy frowned. "She says maybe the district nurse could give the injections. But you won't let them do that, will you? The nurse can't check on my heart and all."

I assured Granny that as long as she chose to have me for her physician, I would give her the injections as often as I saw fit.

A Bout With the V.A.

But worse was still to come. That afternoon, Wilbur Gray, a veteran, called at the office, complaining of chest pain and nervousness. I hadn't seen him for several months, so I had to apply to the Veterans Administration for authority to treat him again.

The V.A. always wanted to know how many treatments it would take. Three or four might do for Wilbur; but without second sight you couldn't be sure. What's more, the V.A. had recently been pulling the trick of allowing you about half the treatments you asked for: "Please note that the number of treatments requested by you has been reduced. If additional treatment is necessary, please advise this office."

Forms, Forms, Forms!

Yes, that's what they'd been saying. It meant twice as many authorization forms to fill out, not to mention more forms reporting progress and treatment ("Be specific"—of course).

Poor Wilbur! I couldn't get authority to treat him right away. So he'd simply have to pay for the medicine I prescribed.

Following Wilbur, along came Burton Rogers, an elderly cardiac. He's a Spanish-American War veteran whose doctor bills were also paid by the V.A.—if we filled out enough forms fast enough. We'd already filled out one formidable yellow document, had it notarized, and

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GOVERNMENT MEDICINE

thought we were all set. But no. That one authorized treatment only for arteriosclerotic heart disease.

This time, Mr. Rogers had the effrontery to have hemorrhoids. That meant I'd have to fill out that big yellow paper once more. Neither he nor I would sit easy for a while.

I know such regulations are made to maintain some fairness. But I know also that they result in unfairness through failure to allow for individual cases.

The thread of arbitrariness runs through all schemes for government control of medicine. But on the local level, it's mitigated by the fact that physicians and town officials know and trust each other. Tom McNally and I were old friends, and he knew old Henry Parsons personally. He knew we wouldn't request the town's assistance unnecessarily.

It's under the larger government units that doctor and patient are at the mercy of administrators. Sooner or later, abuse of power is inevitable.

And usually it's the physician who gets abused. Decisions vitally affecting him are made without consulting him, and he can't appeal them. That's why we must do everything in our power to prevent the stultifying spread of government medicine at the higher levels.

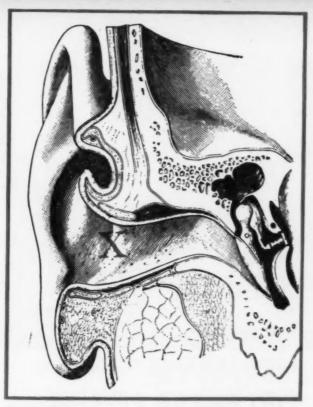
ree choice

When I was in the Air Force, one private always showed up at morning sick call whenever he was scheduled for K.P. or the like. One morning I finally lost my patience.

"Now look!" I said to him. "If you were in civilian life, would you keep coming to me to try to goof off like this?"

"If I were in civilian life," he answered, "I wouldn't be coming to you. I'd be seeing a good doctor."

-A. J. LUSKIN, M.D.



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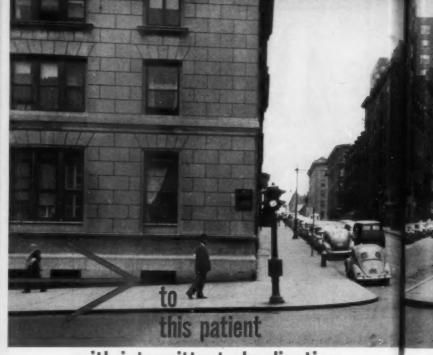
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Send in your article to the Awards Editor, MEDICAL ECONOMICS, Oradell, N.J.—the sooner, the better, but postmarked no later than Jan. 31, 1960. Manuscripts should not exceed 2,500 words. They should be typed, double-spaced, on one side of the paper, and mailed in with a stamped, self-addressed envelope enclosed. MEDICAL ECONOMICS' editors will be the judges; their decision will be final.



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In: Clinical Nutrition ed. by Norman Jolliffe et al. New York, Paul B. Hoeber, Inc., 1950, pp. 590-91, 637-38.

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New Ground Rules for Dividing

PARTNERSHIP INCOME

The old—and generally disregarded—ruling that division must be based on each doctor's actual earnings has at last been superseded. Here's what the A.M.A. Judicial Council now says

By Robert L. Brenner

"S ince the principles of ethics for private practice absolutely forbid the splitting of fees ... [a group's income must be] divided not equally but according to the individual income earned by the member."

If you're in group or partnership practice, it's a good bet that you're familiar with the above ruling. The A.M.A. Judicial Council issued it in 1947. And if your partnership is like the vast majority, it's also a good bet that you and your partners have been violating the ruling.

MEDICAL ECONOMICS' most recent study on the subject indicated that only a handful of doctor-partners divvy up earnings strictly in proportion to the amount each partner brings in.* Most partnerships—well over 90 per cent—apparently apportion

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^{*}See "How Doctor-Partners Divide Their Earnings," Jan. 19, 1959, issue.

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income either equally or on a percentage basis. Now the Judicial Council has finally recognized this fact by issuing a new ruling. Its key sentence:

"The division of income among members of a group . . . may be determined by the members of the group and may be based on the value of the professional medical services performed by the member and his other services and contributions to the group."

The last several words are the significant ones. Their meaning in brief: It's no longer technically unethical for a partnership to pay its members on some basis other than the exact amount of work each puts on the books.

What 'Other Services'?

Exactly what "other services and contributions" may partners take into account in dividing earnings? To find out—and to get an authoritative interpretation of the new ruling—MEDICAL ECONOMICS has put direct questions to some of the men who drew up the ruling: Judicial Council Chairman Homer L.

Pearson and Council Members Robertson Ward and Louis A. Buie.

Here are the questions, along with an approved summary of the doctors' answers:

Q. What are some of the "services and contributions" that may ethically be taken into account in deciding a partner's income?

A Way to Pay Teachers

A. In general, anything a partner does that contributes even indirectly to the partnership's income can be considered a service. For example, say the senior partner in a two-man partnership spends a good deal of time teaching. The younger man will probably put more money on the books. But the senior man's teaching might still be a definite contribution, since it enhances the partnership's reputation as well as his own. Or say one doctor in a group does a lot of work at the local free clinic. thus relieving his partners of this obligation. Even though he actually brings in less money than his colleagues, his clinic work ob-

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viously "contributes" to the income of the group.

Q. Could the fact that one partner is well known in the community—and thus attracts patients to the group—be considered a valid contribution?

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A. Yes, if the rest of the group agrees. For instance, there's a surgeon who currently heads a large group in the South. He's up to his ears in state politics right now and spends about half his time at it. Yet his local

reputation is such that many people come to his clinic simply because they know it's his. Such drawing power may now be ethically taken into account in figuring any doctor's share of partnership income.

Q. How about a partner's past contributions? May they be considered in apportioning his current income?

A. Yes again, if the other partners want it that way. Take a group that was founded several

Good-by, Charlie

After a long, hard evening of house calls, I got to bed at midnight. My wife and I had just fallen asleep when the phone rang. It was the young mother of one of my infant patients. "Doctor," she said, "little Charlie's formula doesn't seem to be enough for him. He's still hungry. What else can I feed him?"

I told her to start him on applesauce, bananas, and baby cereal. She thanked me and hung up.

At 5:30 A.M. she called again. "Well," she said, "I gave Charlie what you said, but now he wants breakfast. What should I give him?"

With that my wife, lying groggily beside me, blurted out, "Poison!"

Charlie is still my patient, but somehow his mother has never again called me at night.—SAMUEL C. SOUTHARD, M.D.

over a cup of coffee ...

INTERN: I've been wondering why you prescribed Azotrex for the cystitis case. Are all three agents — tetracycline, sulfa and azo dye — really necessary?



ATTENDING MAN; Well, whenever I treat a urinary infection, I have three things in mind. First, I want to relieve pain, frequency and urgency as soon as I possibly can. Next, I want to eliminate the bacteria in the urine and easily accessible pathogens in the mucosa. Finally, I'd like to clear up the deeper foci of infection and thus help prevent recurrence. With AZOTREX, I have a good chance of accomplishing all three.

INTERN: I can go along with AZOTREX at far as relief of symptoms is concerned. The azo dye is a good urinary analgesic, so I agree with you on the relief of pain. Also I know that some patients get reassurance from the change in color of the urine.

But, why treat the infection with both tetracycline and sulfamethizole? Combination antibacterial therapy has come under some editorial fire recently. You know — no synergistic or additive effect in most cases. Generally, we're supposed to use the single antibiotic or sulfa which the "bugs" are most sensitive to.



ATTENDING MAN: I agree wholeheartedly. That's why I sent a specimen to the lab for culture and sensitivity. But right now we don't know the organisms involved, and it's going to be 2 or 3 days before we get the lab report.

When I have to work in the dark, I want as broad antibacterial coverage as possible. And, if this is a mixed infection—and these are fairly common—our chances are likely to be better with a combination like AZOTREX. Tetracycline and sulfamethizole are effective against many strains of staph, strep, proteus and pneumococci. Rhoads recommends this type of combination therapy for Pseudomonas, A. aerogenes, B. faecalis and E. coli. So I figure AZOTREX is a good way to start. Should the sensitivity tests indicate that another antibacterial agent is preferable, we'll switch to that.

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INTERN: You also said something about deeper foci of infection in the kidney . . . ?

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INTERN: O. K., I'll look it up. In the meantime I'll try to keep an open mind.



ATTENDING MAN: We are both aware that a foreign body or obstruction will cause persistence of the infection and should be attacked directly. However, infection may persist or recur even in their absence.

Kass has suggested that this may be due to inadequate drug levels in tissues with a poor blood supply. Such circumstances may account for the reappearance, even after apparent sterilization of the urine, of the original organism with the same antibiotic ensitivity. Also, inadequate local tissue concentrations might fail to kill all bacteria and encourage the emergence of resistant strains. In Kass' view, high blood levels of drug are necessary to permit penetration of sufficient amounts to be of therapeutic value.

Tetracycline — especially in its phosphate form — is rapidly absorbed from the G. I. tract and produces high blood and tissue levels. According to Mason, sulfamethizole is one of the most soluble sulfonamides; this means high urinary antibacterial concentrations without crystalluria. I'd suggest you look this up in the U. S. Dispensatory and in N. N. D.

ATTENDING MAN: So far, we've talked only about "bugs and drugs". Let's not forget we're dealing with a sick person who will have to take medicine for a long time. It's a lot easier and more convenient to take one capsule instead of three. Now, how about another cup of coffee?

Azotrex

Each AZOTREX CAPSULE contains: TETREX®* (tetracycline phosphate complex equivalent to tetracycline HCl activity), 125 mg.; Sulfamethizole, 250 mg.; Phenylazo—diamino—pyridine HCl, 50 mg.

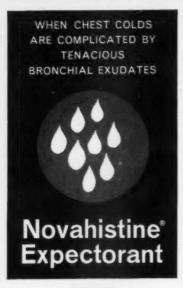
Minimum Adult Dose: One capsule q.i.d. Supplied: Bottles of 24 and 100 capsules.

€U.S. PAT. NO. 2,791,609

References: Rhoads, P. S.: Postgrad. Med. 21:563 (June) 1957; Kass, E. H.: Am. J. Med. 18:764 (May) 1955; Mason, T. J. in Conn, H. F.: Current Therapy – 1959, W. B. Saunders, Philadelphia, p. 342; Osol, A. and Farrar, G. E., Jr., Eds.: The Dispensatory of the United States of America 25th edition. Philadelphia, J. B. Lippincott Co., 1955, p. 1881; New and Nonofficial Drugs 1959, Philadelphia, J. B. Lippincott Co., p. 60.



MEDICAL ECONOMICS · NOVEMBER 9, 1959 251



OPENS

all air passages by reducing congestion and swelling with a vasoconstrictor combined with an antihistamine

CONTROLS

cough spasm with the effective antitussive action of dihydrocodeinone

CLEARS

tenacious exudates from trachea, bronchi and lungs through the liquefying and expectorant action of ammonium chloride

Each 5 cc. teaspoonful contains: phenylephrine HCl, 10 mg.; prophenpyridamine maleate, 12.5 mg.; dihydrocodeinone bitartrate, 1.66 mg; ammonium chloride, 135 mg.; sodium citrate, 84.5 mg.; chloroform, approx. 13.5 mg.; I-menthol, 1 mg., and alcohol 5%. Exempt narcotic.



PITMAN-MOORE COMPANY DIVISION OF ALLIED LABORATORIES, INC. INDIANAPOLIS 6, INDIANA

years ago by an older man. By now, let's say, he has started to slow down and to permit younger doctors to put more work on the books than he does. Under the new ruling, he may ethically be compensated for his past contributions: knowledge, experience, prestige-even the fact that he founded the organization.

What If Fees Vary?

Q. What about a partnership where the members have roughly the same age and experience, but where one doctor brings in the lion's share of the gross simply because his fees are higher? For example, take a partnership composed of a G.P., an internist, an OB/Gyn. man, and a surgeon. Is it ethical for them to divide income equally, if the surgeon's actual earnings are far and away the greatest?

A. Yes, it is. And this question gets to the heart of why the council decided to change the ruling.

In a partnership like the one just described, the surgeon might well bring in 50 per cent or more of the gross. This could happen even though the other partners worked equally hard and had

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equal experience and prestige. So it seems unfair to insist that the nonsurgeons be paid only in proportion to the amount of their actual earnings.

A major purpose of the new ruling, say council members, is to make it ethical to reward doctor-partners for the work they do as well as for the cash they bring in.

Q. In the partnership discussed above, the G.P. and the internist would undoubtedly refer a good many cases to the surgeon. If they get as big a share of the partnership's income as he does, aren't the doctors virtually splitting fees?

There's No Such Thing

A. No. It's not fee splitting, for the simple reason that the G.P. and the internist don't refer patients to the surgeon because of the money involved. They refer to him because they have respect for his ability; otherwise they wouldn't be in partnership with him. The Judicial Council believes there can be no question of fee splitting within a partnership.

It goes without saying, of course, that it would be unethiimmortals of chinese mythology:



Lu Tung-pin

This scholarly but fierce mystic earned his place in the Taoist pantheon by slaying dragons with a magic sword

cine by its unsurpassed results in acute

METICORTEN, brand of prednisone, 5 mg. tablets,

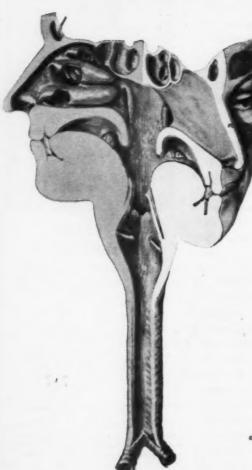
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ANTIHISTAMINE ACTION WITHOUT SEDATION SYSTEMIC DECONGESTION WITHOUT SIDE EFFECTS ANALGESIC-ANTIPYRETIC ACTION WITHOUT DRUG STIMULATION

ANTI-STRESS VITAMIN TO MAINTAIN TISSUE INTEGRITY

USUAL DOSAGE: Adults, 2 tablets initially, then 1 tablet every four hours. Children (6 to 12), half the adult dose.

SUPPLIED: No. 746 - bottles of 100 and 1,000 tablets.

Each tablet contains: | Isothipendyl HC| ("Theruhistin®") ... 4 mg. 230 mg. Aspirin ... 230 mg. Phenscetin ... 180 mg. I-Phenylephrine HCl 5 mg. Ascorbic Acid ... 100 mg.

for relief beyond cough control

contains:

Isothipendyl HCl

I-Phenylephrine HCl . 5 mg. Acetaminophen 100 mg.

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Contains 10% alcohol

IN PALATABLE SYRUP FORM

Each 5 cc. (one teaspoonful)

Dimethoxanate HCl ... 25 mg.

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("Theruhistin®") ... 2 mg.

"COTHERA" SYRUE

of or control of useless/harmful cough

Brand of Dimethoxanate hydrochloride

Acts Selectively—to subdue but not abolish the cough reflex. Safely—non-narcotic, non-constipating, no toxicity reported. Swiftly—acts within minutes...lasts for hours, often providing nightlong relief with a single dose. Swrely—preferred to dihydrocodeinone by 4 out of 5 patients.*

*Klein, B.: Antibiotic Med. 5:462 (July) 1958.

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with full potency and virtually no sedation RELIEVES SINUS AND NASAL BLOCKAGE

by direct, sustained vasoconstricting effect

RELIEVES PAIN, FEVER, AND HEADACHE through potent but selective central action

SOOTHES IRRITATED MUCOSA AND PROMOTES EXPECTORATION

by demulcent, liquefying, and counterirritant properties

USUAL DOSAGE: For both "Cothera" Syrup and "Cothera" Compound—Adults and children over 8 years—1 to 2 teaspoonfuls (5 to 10 cc.). Children (2 to 8 years)—1/2 to 1 teaspoonful. Three or four times daily.

SUPPLIED: "Cothera" Syrup, No. 934 — Dimethoxanate hydrochloride, 25 mg. per 5 cc. (tap.); "Cothera" Compound, No. 936 — Bottles of 16 fluidounces and 1 gallon.



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PARTNERSHIP INCOME

cal for partners to have a similar referral arrangement with any outside doctor. This would be fee splitting, the council members emphasize.

Why It Was Changed

Q. Would an equal split in a multi-specialty group have been unethical under the 1947 ruling?

A. Many physicians interpreted the old ruling that way. It has been changed because it appeared to give undue emphasis to the amount of money each doctor put on the books. The Judicial Council feels that groups should be entitled to divide earnings on a more equitable basis.

Q. Is it correct to say that if doctor-partners now agree on any income division they consider fair, the council will deem the arrangement ethical?

A. The Judicial Council declines to give blanket endorsement ahead of time to every possible financial agreement. But it won't frown on any income-division program that's arrived at openly and that seems satisfactory to all the partners.





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No fights, no battles at vitamin time because children love to chew DELECTAVITES. These delectable, easily chewable chocolate nuggets supply all essential vitamins as well as minerals so necessary during the years of growth. As soon as children can chew, they can go directly from vitamin drops to DELECTAVITES. And, now you can be sure your little patients will follow your instructions about taking their daily vitamins.



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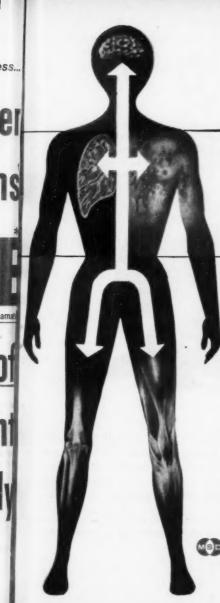
because many diseases involve emotional and physical stress.

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Myositis, fibrositis, myalgia, low back pain, ligamental strain, sciatica bursitis, frozen shoulder, wryneck, osteoarthritis, rheumatoid arthritis postoperative orthopedics

Supplied: Tablets, bottles of 48.

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Less than two years ago, when one state's doctors formed their own malpractice insurance company, some observers predicted quick failure. But the venture is flourishing, and the doctors can now boast:

'We've Helped Cut Our Malpractice Premiums'

BY LAWRENCE B. ROBERTS

rado physicians who are organizing their own malpractice insurance company is very interesting. But . . . experience indicates it's doomed to failure."

A top insurance executive made this prediction some twenty months ago, after reading MED-ICAL ECONOMICS' report on the newly formed Empire Casualty Company.*

What has happened to the fledgling firm in the intervening

months? It has proved the insurance man to be a poor forecaster so far.

The country's only doctorowned malpractice insurance company today is anything but a failure. In fact, it's running neck and neck with—and may even have surpassed—one of the biggest national carriers for the lead in number of Colorado policyholders. Furthermore, it has won lower insurance costs not only for its own policyholders, but for many other Colorado doctors. Here's a run-down on where Em-

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^{*}See "New Answer to High Malpractice Rates," April 14, 1958, issue.

NEW EVIDENCE SUGGESTS ANOTHER REASON FOR PRESCRIBING TAO

UNIQUE "STARBURST" EFFECT: TAO METABOLIZES

The impression that TAO is an unusually active antibiotic has steadily gained recognition by impressive clinical performance. Now come reports of in vive and in vitre biological and biochemical evaluations that show TAO to be indeed unique.1.2

TAO differs from other antibiotics in that it is metabolized to multiple active compounds which remain active throughout their presence in the body. There are 7 of these derivatives . . . and all 7 (in addition to TAO) show activity against common Grampositive pathogens, including resistant strains of Staph. mareus.

In light of these findings, take another look at TAO performance: • 92% success in published cases of Gram-positive respiratory, skin, soft tissue and genitourinary infection • Effective against 78% of 64 "antibiotic-resistant" epidemic staphylococis, (in the same study, chloramphenicol was active against 52% erythromycin against only 25%)3 • No side effects in 94%; infrequent reactions mild and easily reversed • Quickly absorbed • Highly palstable.

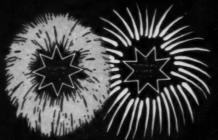
Sound reasons to: Start with TAO to end 9 out of 10 common Gram-positive infections.

Supplied: TAO Capsules—250 mg., and 125 mg., bottles of 60. TAO for Oral Suspension—125 mg. per tap. (5 cc.) when reconstituted; unusually palatable cherry flavor; 60 cc. bottle. Prescription only.

Other TAO forms available: TAO Pediatric Drops: flavorful, easy to administer. TAO®-AC: TAO analgesic, antihistaminic compound. TAOMID®: TAO with triple sulfas. Intramuscular or Intraveneus: in clinical emergencies. Prescription only.

 English, A. R., and McBride, T. J.: Proc. Soc. Exper. Biol. & Med. 100-880 (Apr.) 1959.
 Celmer, W. D.: Antibiotics Annual 1958-1959.
 New York, Medical Encyclopedia, Inc., 1959, p. 277.
 English, A. R., and Fink, F. C.: Antibiotics & Chemother. 8-420 (Apg.) 1958.





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MALPRACTICE PREMIUMS

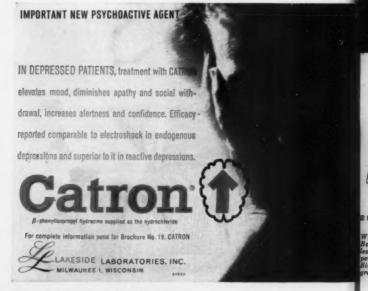
pire stands after its first twenty months in business:

Its membership has increased steadily. To get malpractice coverage from Empire, a doctor must first buy a \$175 share in the company. From an original 311 shareholders, membership has now grown to 600, according to Dr. George R. Buck, Empire's president.

Biggest in the State

"That gives us about a third of the state's active physicians," Dr. Buck says. "And I think it may put us slightly ahead of the national firm that used to be the biggest malpractice carrier in the state."

Oddly enough, about 150 of Empire's stockholders haven't yet bought insurance from the company. Explains Dr. Buck: "Most of these 150 men are in practice with partners who haven't yet bought shares. Since we discourage partnership or group men from insuring with us individually, they're holding off on Empire coverage until their partners join up." More



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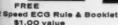
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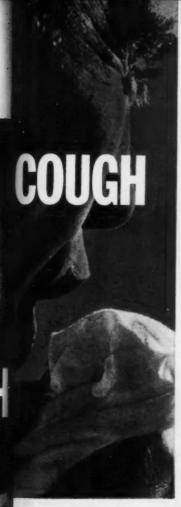
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ROMILAR CF raises the cough-reflex threshold in 15 to 30 minutes and sustains relief for as long as six hours—without undue side effects, without narcotic hazards or complications. ROMILAR CF treats the entire cough and cold complex: dextromethorphan (ROMILAR) controls the cough, chlorpheniramine combats allergic manifestations, phenylephrine reduces nasal and bronchial congestion, N-acetyl-p-aminophenol relieves headache and myalgia and reduces fever. Infection, allergy, bronchitis, excessive smoking—whatever the cause, prescribe ROMILAR CF for cough.

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When only the specific antitussive action of dextromethorphan is indicated, prescribe ROMILAR—Syrup, Tablets or Expectorant.

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MALPRACTICE PREMIUMS

It has broadened its coverage. Empire now offers premises liability as well as malpractice coverage. It has also added to its malpractice line.

"Originally," says Carl Ohlin, vice president of the firm that handles Empire's business affairs, "the doctors' company offered just one policy, with limits of \$100,000/\$100,000. When its competitors heard this, they plugging \$100,000/ started \$300,000 limits. Pretty soon, the state's physicians started asking for the added coverage. So Empire set up such a policy last January. Today, it's the one most new policyholders choose."

Better Than 25% Savings

It has lowered many of its premiums. Empire was founded solely in order to provide doctors with lower-cost malpractice coverage. Its original premiums were pegged about 25 per cent below what other carriers were charging in Colorado. Now even some of those low premiums have been shaved.

"While we were setting up our



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- · Complete, no extras required.
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MALPRACTICE PREMIUMS

second type of policy, we took another look at the rates that had been established for the original one," says Carl Ohlin. "We reviewed Empire's brief claims experience, plus the experience of all doctors in the state for the past seven or eight years. On the basis of what we found, the premiums on Empire's original policy were revised as follows:

"The premium for surgery was cut from \$188 to \$180. The rate for men doing X-ray therapy went down from \$270.72 to \$253.80. Anesthesiologists are now charged the basic physician's rate—only \$108—instead of the surgeons'. And premiums for some men in partnerships have also dropped. There used to be a 25 per cent surcharge on doctor-partners (the usual thing with all carriers in Colorado). But the extra charge is no longer required if all the members of a



"It's really a terrific hormone—but you have to swallow it fast or you get a stiff neck!"

270 MEDICAL ECONOMICS ' NOVEMBER 9, 1959

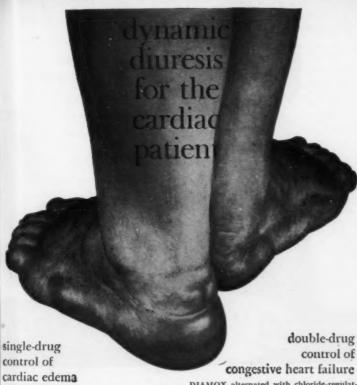
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DIAMOX mobilizes bicarbonate and with it sodium, and the fluids of edema . . . reduces water retention with no notable changes in blood pressure or electrolyte balance. One tasteless tablet each morning . . . easy to take . . . rapidly excreted . . . does not interfere with sleep.

DIAMOX alternated with chloride-regulating agents provides more dynamic diuresis than can any used alone . . helps poteniate diuretic effect and counterbalance the tendency toward systemic alkalosis of chlorothiazide and mercurials . . lessens risk of drug tolerance . . . extends intensive diuretic therapy.

Supplied: Scored tablets of 250 mg., and Vials of 500 mg. for parenteral use.

DIAMO Nectazolamide Lederle AMO Neco; regulating diuretic

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Controls compulsive eating

Clinical studies reveal that emotionally disturbed patients comprise the largest proportion of obese patients.² Bontril curbs the compulsive desire to eat by promoting emotional stabilization. Thus, better patient cooperation is assured.

 Young, C. M., et al. (Study made in School of Nutrition, Cornell University), Am. Pract. Dig. Treat., 6:685, 1955.

Each tablet contains:

Dextroamphetamine Sulfate 5	mg
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Butabarbital Sodium 10	me

Dosage is flexible:

1/2, 1 or 2 tablets once, twice or three times daily. The usual dosage is one tablet upon arising and at 11 A.M. and at A.P.M.

BONTRIL

Shrinks the appetite at the hunger peaks

CARNRICK

. W. GARNESE COMPANY . NEWARK 4, NEW JERSE

given partnership are insured with Empire."

It has forced other carriers to reduce their rates. So far, insurers in Colorado who are affiliated with the National Bureau of Casualty Underwriters haven't been able to match Empire's low premiums. But two big non-Bureau carriers have—practically across the board.

"About the only difference between Empire's rates and those of the two non-Bureau carriers is that one firm is now charging partnership men 10 per cent extra," says Ohlin. "Adding up their policyholders and Empire's, it's fair to say that well over half of Colorado's physicians now enjoy lower malpractice rates because of the doctors' company."

What about Empire's claims experience during its twentymonth lifetime?

"It has been excellent," says Dr. Buck. "So far, we've had to pay only two claims. In one mishap, an interne forgot to do something an attending physician we'd insured told him to. The patient sued both the attending physician and the hospital. We and the hospital's carrier

Back to normal

A call from the police awakened me at 2 A.M. They were taking an attempted suicide to our hospital. Would I come down and take care of him?

On arrival I found a young man, age 19, who'd swallowed forty aspirin tablets because of a quarrel with his girl.

I gave him the usual antidotes and stomach wash. As I was leaving at last to salvage some sleep, the young swain turned to me. "Doc," he said, "my ear's been bothering me for the past couple of weeks. Would you please look at it?"

-SAUL TOWERS, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

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MALPRACTICE PREMIUMS

settled out of court for \$1,375 apiece.

"The second claim involved a doctor who was sued for \$6,000 for a mishap we were convinced wasn't his fault. We defended the case to the hilt. Midway through the trial, the plaintiff's attorneys offered to settle out of court for \$225. We did so—with the doctor's permission."

Losses Are Small

In addition to these claims, two others totaling well under \$10,000 are pending. No spokesman for Empire will comment on such pending cases, of course. And until they're settled, it isn't possible to estimate the new company's loss ratio (the ratio of claims paid to premiums collected).

"But this much I'm sure of," says Carl Ohlin: "Empire's loss ratio to date is bound to be far below the 82 per cent one insurer claims he's experiencing in Colorado."

So much for the record as of now. What about the future? Dr. Buck's answer to that question:

"Our first goal is to sign up 1,000 of the state's doctors. We're now adding about ten new ... and one to grow on



A tiny tablet of REDISOL to stimulate the appetite—to help in the intake of food for growth.

REDISOL is crystalline vitamin B₁₂, an essential vitamin for growth and the fundamental metabolic processes.

Ideal for the growing child, the REDISOL tablet dissolves instantly on contact in the mouth, on food or in liquids.

Packaged in bottles hermetically sealed to keep the moisture out and to retain vitamin potency in 25 and 50 mcg. strengths, bottles of 36 and 100 -in 100 mcg. strength, bottles of 36, and in 250 mcg. strength, vials of 12.

Also available as a pleasant-tasting cherry-flavored clixir (5 mcg. per 5-cc. teaspoonful) and as REDISOL injectable, cyanocobalamin injection USP (30 and 100 mcg. per cc., 10-cc. vials and 1000 mcg. per cc. in 1, 5 and 10-cc. vials).

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FOR DEPRESSION

AND ASSOCIATED ANXIETY AND PHYSICAL TENSION

"Manifestations of anxiety are so frequent as to be almost universal in depression..."

Donnelly, J.: Depression and its clinical manifestations. Connecticut M. J. 18:203, March 1954.

RELIEVES DEPRESSION

by improving mood and outlook without excessive stimulation or rebound depression. Relieves symptoms such as crying, lethargy, loss of appetite, insomnia.

RELIEVES ASSOCIATED ANXIETY

by reducing exaggerated reaction at the seat of emotions. Does not depress cortical activity. Does not impair mental efficiency or normal behavior. No risk of drug-induced depression.

RELIEVES ASSOCIATED PHYSICAL TENSION

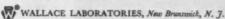
by relaxing skeletal muscle. Aids restful sleep and reduces likelihood of symptom formation. Does not impair motor control.

- Confirmed efficacy
- Documented safety
- Simple q.i.d. dosage

'Deprol'

benactyzine+ meprobamate

Supplied: Bottles of 50 light-pink, scored tablets. Composition: Each tablet contains 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate.



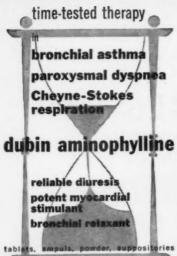
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MALPRACTICE PREMIUMS

shareholders a month, and I expect this rate to pick up soon.

"I'm sure we'd already have had our 1,000 policyholders if the two nonbureau carriers hadn't dropped their rates to meet ours," he adds. "Some doctors feel they're saving money by postponing buying that \$175 share in our company. But most of them realize that Empire is responsible for their getting lower rates from other companies. I'm sure they'll sign up before long."

What will happen after Empire reaches its 1,000-doctor goal? It should then be financially sound enough to make one of two changes in its stock set-up. It may stop requiring each new man to buy stock in the company-in which case stockholders would begin getting dividends. Or it may keep requirements as they are and use profits to lower premiums still further.

"The decision as to which step to take is up to Dr. Buck and the board of directors, of course," says Carl Ohlin. "But I suspect they'll want to cut premiums rather than pay dividends. After all, Empire's sole purpose is to ease the Colorado doctors' insurance burden." END

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two prenatal supplements especially for multiparas The incidence anemia multiparas is greater in multiparas' anemic

To meet her greater needs for diet supplementation

Natalins' Comprehensive Natalins' Basic

Vitamins and minerals, Mead Johnson

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both extra generous in iron, ascorbic acid and calcium

In a study¹ of over a thousand obstetrical patients, anemia was found to occur with 50% greater frequency in multiparas than in primigravidas. And it was found that anemia often indicates other nutritional deficiencies as well . . . Natalins Comprehensive tablets supply 12 vitamins and minerals and Natalins Basic tablets sup-

ply 4 vitamins and minerals...both are formulated to meet the special needs of multiparas by supplying generous amounts of elemental iron (40 mg. per tablet), ascorbic acid (100 mg. per tablet) and calcium (250 mg. per tablet).

Convenient, one-a-day tablet dosage.



8. Treates, J. B., and Torpin, R.: Am. J. Cost. & Gynec, 81: 71-74 Class 1989

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Dartal

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for rapid relief of anxiety manifestation

You will find Dartal outstandingly benefici in management of the anxiety-tension state so frequent in hypertensive or menopaus patients. And Dartal is particularly usefi in the treatment of anxiety associated wit cardiovascular or gastrointestinal disease, the tension experienced by the obese paties on restricted diet. You can expect consister results with Dartal in general office practice

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Clinical reports on Dartal: 1. Edisen, C. B., and Samus A. S.: A. M. A. Arch. Neurol. & Psychiat. 80:481 (Oct.) 196 2. Ferrand, P. T.: Minnesota Med. 41:83. (Dec.) 193 3. Mathews, F. P.: Am. J. Psychiat. 114:1034 (May) 186

SEARLE

MEDICAL ECONOMICS Book Feature

Most of us share the problem of how simultaneously to (1) keep up with our practices and (2) keep informed about the issues, ideas, and people of the world around us. Too often, the second target is missed. We just don't find time to tune in to what's important around us. Home, office, and hospital tend to become our common horizon. For the average citizen to be intellectually boxed in is bad enough. For the physician it's intolerable. People look to the professional man for his opinions, just as they look to him for leadership. They expect him to be one of the community's better informed citizens. Keeping up with today's big news is relatively easy. Capturing the big ideas of our time is another story. Most of our real intellectual stimulation comes from perceptive people and books. We're not exposed to enough of either. What to do about it? In this department, MEDICAL ECONOMICS presents what it feels may well be a sound step in the right direction, namely: book condensations-but of a type never available before. Only books of a thought-provoking, nonmedical kind will be condensed. But the condensing will be directed by editorially experienced physicians. Readers will thus get a medical man's view of the best in nonmedical contemporary thought. Among the hard-hitting bestsellers that informed people are reading and talking about this month is Harrison E. Salisbury's "The Shook-Up Generation." A condensation of this book starts on the next page. The editors take pleasure in bringing it to you as another of the new MEDICAL ECONOMICS Book Features.

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Delinquency in the

The two boys were a little tight when they came out of Freddy's Bar & Grill and got into the new cream-and-green Buick sedan. It was spring vacation. Both were home in South Neck from college. Roy was a junior at Union College, and Ralph was a sophomore at Cornell. Roy was 20; Ralph, 19.

"You're sure she'll have a friend?" Ralph asked nervously as Roy started the car.

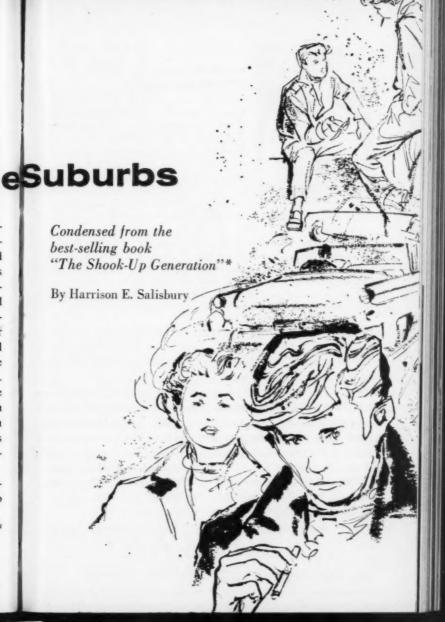
"She better, the black bitch," the older boy said. "If she doesn't, you can have her when I'm through."

The boys drove in silence through the spring evening.

South Neck is a rather large suburb of New York, about fortyfive minutes' ride from Grand Central. Twenty years ago it was quite exclusive. Today it is predominantly middle-class upper-middle-class. Most housewives in South Neck do their own work with the aid of a girl once or twice a week. Most of the domestic workers are Negroes. Lately, more and more have been young girls, some still in their teens, newly arrived from Florida and Georgia. These girls work for slightly lower wages until they learn the ropes.

Among some of the middleclass boys, a fad has sprung up

[°]Copyright © 1958 by Harrison E. Salisbury. Reprinted with the permission of Harper & Brothers.





THE TRUTH ABOUT

Too many people, says Harrison E. Salisbury, "think of teen-age delinquency as something that flowers in the deep slums of New York and Chicago and Philadelphia and Los Angeles. The sad and dangerous truth is that the slums are only reservoirs and perhaps tradition setters for antisocial adolescent conduct at all social levels. Delinquency is a symptom,

not a disease, and the disease knows no geographical and no social boundaries.

"The disease can be cured. We have the methods and the remedies. The way to begin the attack is to take a close and careful look at the shook-up generation and how it behaves." Hence his latest book, parts of which appear here. Like his previous book, "American in Russia," this one is an expansion of a series he wrote for The New York Times. His earlier Russian series won him the 1955 Pulitzer Prize.

of "dating" these Negro girls. The boys pick them up, usually by prearrangement, buy them a few drinks in a highway tavern, take them to the drive-in movies or park with them in lovers' lanes. They deposit the girls at the station in time for a late train back to New York.

"It's a big thrill for the girls," one of the boys explained. "Most of them are from the South. They've never been out with a white man before, so it's a kick."

The kick, it is apparent, works both ways.

When Roy and Ralph got to the meeting place, only one girl —a thin, rather good-looking light tan girl of 18 or 19—was standing there. Her girl friend, she explained, couldn't come.

Roy turned the wheel over to Ralph and got into the back seat with the girl.

"Just drive around," he order-

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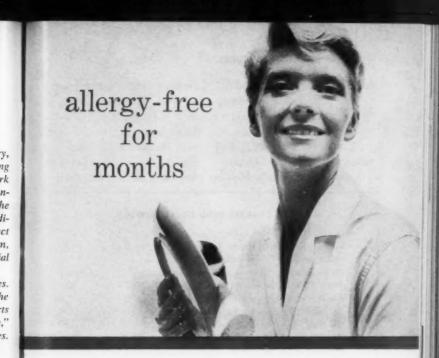
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Anergex-1 ml. daily for 6-8 days-usually provides prompt relief that persists.

Anergex—a specially prepared botanical extract—is nonspecific in action; it suppresses allergic manifestations regardless of the offending allergens. It is not a histamine antagonist, nor does it merely minimize the effects of a single allergen.

Anergex eliminates skin testing, long drawn-out desensitization procedures, and special diets. It has been effective even in patients resistant to other therapy.

Reports on over 3,000 patients have shown that over 70% derived marked benefit or complete relief following a single short course of Anergex injections. Effective in seasonal and nonseasonal rhinitis (pollens, dust, dander, molds, foods); allergic asthma; asthmatic bronchitis and eczema in children; food sensitivities.

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DELINQUENCY IN THE SUBURBS

ed. "I got business to attend to."

The girl giggled nervously.

"Where's this place you said we would go to?" she asked.

"You'd be surprised," Roy said, pulling her over to him.

Later, Ralph told the boys at

Freddy's what had happened.

"Geez," he said, "don't tell Roy, but I was kinda scared. I didn't know what to do. They were all quiet in the back seat. Then I heard a noise like the girl was being sick or something. It

THE PARENTS WHO NEVER SUSPECT

If you sample the upper-income suburbs of any Eastern metropolis, you quickly find telltale indications of gang mores among "respectable children" [whose parents are] shocked when they read of teen-age knifings in the New York slums. These are the parents who never suspect that Tommy and Irene are anything but perhaps "a little wild."

"I don't know what kids are coming to these days," they tell their neighbors. "Take that Tommy of mine. He wants the car every night. Why, the other evening it was 3 in the morning when he got in. When I asked him where he had been, he said it was none of my business."

They do not know that Tommy is spending most of his evenings with a bunch of teen-agers at the Pizza Palace on the County Road. They do not know that the favorite dare of these youngsters is to drink an upended pint of whisky without stopping—and then get behind the wheel of a car. They do not know that several boys in this group smoke reefers.

These parents chatter over cocktails at the country club about the "Anti-Virgin Club," which that newspaper reported up in Canada some place. Thank God, they sigh, 15-year-old Irene "isn't like that." They don't know that Irene lost her virginity with one of Tommy's boy friends in the back seat of the family car last summer. They don't know that in Tommy's gang Irene is rated as a pushover.

-From "The Shook-Up Generation"

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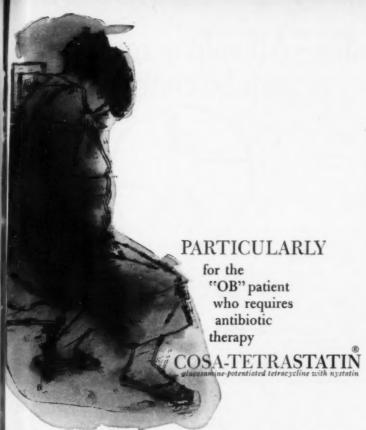
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Because women during pregnancy are particularly prone to secondary fungal infection, they benefit from the extra protection of nystatin.

Cosa-Tetracyn® (glucosamine-potentiated tetracycline) provides peak levels of antibiotic activity against a broad range of susceptible organisms.

Nystatin provides specific protection against overgrowth of Candida albicans. Cosa-Tetrastatin provides tetracy-cline effectiveness with minimum risk of moniliasis.

Supplied: Capsules (pink & black) 250 mg. Cosa-Tetracyn plus 250,000 u. nystatin

Oral Suspension (orange-pineapple flavor), 2 oz. bottle, each tsp. (5 cc.) contains 125 mg. Cosa-Tetracyn plus 125,000 u. nystatin

A Professional Information Booklet providing complete details on Cosa-Tetrastatin is available on request.

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Tussages10

Controls congestion with Triaminic, 1.2.3 the leading oral nasal decongestant.

Controls aches and fever with well-tolerated APAP, non-addictive an algetic and excellent antipyretic. 5

Each TUSSAGESIC Tablet provides:

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TRIAMINIC®	50 mg	č.
(phenylpropanolamine HCl25	mg.	
pheniramine maleate12.5		
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Dormethan		
(brand of dextromethorphan HBr)	30 mg	Ž.

References: 1, Lhotka, F. M.: Illinois M. J. 112:259 (Dec.) 1957. 2. Pabricant, N. D.: E.E.N.T. Monthly 37:469 (July) 1958. 3. Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958. C. Bonica, J. J.: in Drugs of Choice, Mosby, St. Louis, 1958, p. 272. 5. Dascomb, H. E.: in Current Therapy, Saunders, Phila., 1958, p.78. 6. Bickerman, H. A.: in Drugs of Choice, Mosby, St. Louis, 1958, p.547.

Controls cough centrally with non-narcotic Dormethan, possessing "amply demonstrated" antitussing

activity,6 as effective as codeine.

Liquefies tenacious mucus
with terpin hydrate, classic expectorant

Prompt and prolonged relief because this special "timed release" design:



first - the outer layer dissolves within minute: to give 3 to 4 hours of relief

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Dosage: One tablet in the morning, midafternoss and at bedtime. Pediatric dosage chart for Tussagesic Suspension available on request.

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was kind of a choking noise. There was a slap, and I looked back. Roy was belting the hell out of her."

Ralph said he had slowed the car for a turn when he heard the door slam and the girl scream at almost the same time. He turned his head and saw that the girl was gone.

"I said, 'What happened, Roy?' He said, 'I kicked her the hell out of the car. I didn't like the way she was doing it, that's all.'

"I asked him about the funny noise, and he laughed. 'Oh, I just choked her a little to see if she'd get any better. She didn't, so I threw her the hell out.'"

The South Neck police say there have been several complaints in the last six months by Negro girls who reported that they had been assaulted by white teen-agers. One girl said she'd been standing on a corner waiting for a bus. A car with six white boys in it, all under 20, pulled up beside her. A boy said: "Come on with us." The girl refused. Three boys jumped out of the car, pulled her into the rear

seat, and held her down. They drove to a deserted lane outside town, ripped off her clothes, and raped her while one boy held a knife against her throat.

"We don't want no trouble around here," a police sergeant said. "We try to discourage them from filing complaints. This is a quiet community, and we aim to keep it that way. We have some fine people here. Of course, sometimes the kids get a little wild. But we try to keep things in the family, you might say."

There have been no arrests as a result of the assault complaints.

No Suburban Gangs?

I asked the officer whether there were any gangs in South Neck.

"No, sir," he said. "There's none of that cowboy stuff like they have in New York. We wouldn't allow that. Not for a minute."

What about a report I had heard that a gang of Negro boys had driven down one of the main streets on a recent evening, firing shots in the air and stopping to beat up two boys who were walk-

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DELINQUENCY IN THE SUBURBS

ing home from the railroad station?

That had happened, the police sergeant conceded. But those "hoods" better not try it again.

Perhaps there is no connection between the assaults on Negro girls by the white boys of "good" family and the incursion of the Negro gang. The police think not. But there is no doubt that in a deeper sense the two phenomena are intimately linked. Both are part of the pattern of delinquency in a middle-class setting, the manifestation of the shook-up generation in the American suburb.

No subject is more difficult to analyze or even to get information on than the extent and nature of antisocial activity by the children of white-collar families, the "better class" people in medium-sized communities, the families that make up 90 per cent of the population of so many suburbs and residential developments.

When 12-year-old Peter and 13-year-old John walk into Kresge's on the main street of South Neck and swipe some candy bars off the counter and are caught as they try to sneak out, the manager doesn't call the police. He knows the boys. He has seen them often with their mothers, who are good customers. He bawls the kids out and sends them home. Or, if he is thoroughly annoyed, he may call up the mothers.

It's Not Like the City

But if the same thing happens in a Brooklyn slum, the policeman is called in and the kids are dragged off to the station house. Then they are sent up to Children's Court, put on probation, and classified as juvenile delinquents.

If 16-year-old George and three of his friends "borrow" a nice-looking Pontiac convertible from the country club parking lot and are caught speeding by the county police, they are taken to the station house, all right. But nothing goes on the blotter. The parents come down, there is much talk, the fathers bawl the daylights out of the boys, the kids promise to be good, any damage to the car is paid for by

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prescribe Paracos in low lock pain sprains strains—rheumatic pains

Each PARALIES tablet contains.

125 mg

Specific for skeletal muscle spasm.

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Each PARALON WITH PREDICTIONS Table Contains PARALLAN Collectionarine: 125 mg. TALLING Collections and Acctaninophen 300 mg. and predimedione 1.0 mg. Besings: One or two tables table of qild.

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DELINQUENCY IN THE SUBURBS

the parents, the owner wouldn't think of making any charge, and by 2 A.M. everyone is back home, peacefully sleeping.

There's no case, no record, no statistics, "no delinquency." At Christmas time the police captain gets several very nice presents.

When 17-year-old Joan gets pregnant after letting 18-year-old Denis "fool around" at a beach party, she isn't sent to a juvenile detention home. Nor is Denis confronted with the dilemma of marrying the girl or facing

a charge of statutory rape. Instead, there is an angry dispute between the two families. Joan's family blames Denis. Denis' family blames Joan. wa

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In the end, Joan's father finds a doctor who takes care of Joan for \$750. Joan is a month late starting school in the fall because, as her mother explains to the principal, she had such a bad reaction from the antibiotics they gave her at the camp up in New Hampshire where she went in August.

This is the classic middle-class

Have your patients experienced the ADVANTAGES OF ANTIPYRINE



Side effects are generally absent with FELSOL . . . antipyrine causes no harmful effects to normal persons.



FELSOL is effective as an antiasthmatic, analgesic, and antipyretic — elevating threshold in cases where prompt and enduring antipain or antifever action is required.

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Try this safe and effective preparation for symptomatic treatment. Write for free professional samples and literature

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way of dealing with the problems of antisocial conduct which. when they arise in the slum, become the bread-and-butter business of the police, the courts, and the social agency.

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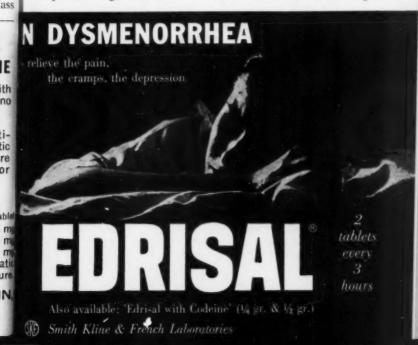
As Professor Robert M. Mac-Iver of the New York Delinquency Evaluation Survey puts it:

'It's Covered Up'

"There is much more upperclass gang activity than is realized. There is more delinquency. But it is covered up. It is almost impossible to get statistics on it.

We know that it exists. We know that there is much theft by middle-class children. We know there is much sex deviation. But it is all nicely covered up. A middle-class child has to act much worse than a poor boy before his conduct becomes the subject of a notation on the police blotter."

The chief of detectives in a large Midwestern city with a commendably low juvenile delinquency record says privately that he has more cases and more trouble in the district of the town's most fashionable high

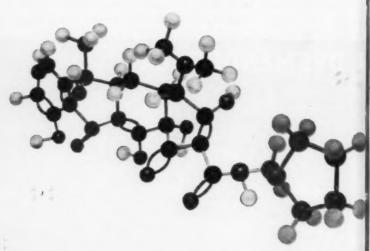


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N-(PYRROLIDINOMETHYL) TETRACYCLINE

a new¹
improved
broad-spectrum antibiotic
for parenteral administration



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Detailed insert; or **SYNTETRIN** – a new synthetic derivative of tetracycline – has these attributes of significant value in therapy:

- effective antibacterial activity is sustained even at its lowest blood levels throughout therapy
- total antibiotic activity of SYNTETRIN I.M. more than twice that with tetracycline phosphate complex I.M. over a 24-hour period
- highly soluble over the entire physiological pH range (2,500 times more soluble than tetracycline) resulting in more efficient absorption from intramuscular sites than other tetracycline L.M. preparations

An important advantage of SYNTETRIN is that the *lowest* blood levels reached before ensuing daily injections are either maintained or increased. This means /that antibiotic levels will not drop below those required to inhibit certain pathogens during the course of therapy. Successive blood level peaks generally rise after repeated injections.

Parenteral SYNTETRIN is recommended for initial therapy in infections caused by tetracycline-sensitive organisms in:

- Patients who require frequent force-feeding or special diets based on milk, which interfere with antibiotic absorption.
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1. Gottstein, W. J.; Minor, W. F., and Cheney, L. C.: J. Am. Chem. Soc. 81:1198, 1959.

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N-(PYRROLIDINOMETHYL) TETRACYCLINE WITH XYLOCAINE®* POR INTRAMUSCULAR 1188

Supplied in dry-fill single dose vials:

 SYNTETRIN I.M. '350' contains:

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 350 mg.

 Lidocaine
 40 mg.

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 300 mg.

 SYNTETRIN I.M. '150' contains:

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 150 mg.

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 40 mg.

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N-(PYRROLIDINOMETHYL) TETRACYCLINE FOR INTRAVENOUS INFUSION

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school than in any other section.

"It's so," he said. "But for heaven's sake, don't quote me. I have enough trouble from the mothers and fathers already."

Does this mean that there is today more delinquency than before among children from so-called better homes? Is the middle-class component of the shook-up generation growing? I think the answer to both questions is yes.

It Knows No Class

The first scientific studies of this problem are just beginning to be reported. They show that the supposed immunity of "better" families to delinquency is an illusion.

Albert K. Cohen, the author of classic studies on delinquency and teen-age gangs, selected a group of 337 college students representing a cross-section of better economic and social strata. None of these youngsters had a criminal record. They were given a list of fifty-five offenses—the fifty-five for which slum children are most often arrested—and asked to check any they

had ever committed. Every boy checked at least one offense.

James F. Short of the Washington State College sociology department has just completed a comprehensive study of the relationship between socioeconomic status and delinquency. He compared youngsters from three Western cities of 10,000 to 25,000 population with a control group in the Washington State training schools. He found virtually no difference in the incidence of delinquency.

Kenneth Polk of the University of California at Los Angeles sampled San Diego youngsters and came to the same conclusion: no correlation between economic status and delinquency.

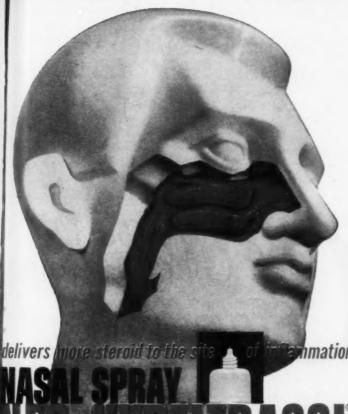
This does not mean that there is not more delinquency in a slum than in a first-class residential area; that children fortunate enough to have good, warm, interested families are as subject to trouble as those who live on streets ruled by gangs. What it does mean is that neither money nor social status per se affords a clue to delinquency liability.

Take, for instance, what hap-

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pened in Massapequa, Long Island. Massapequa is a good middle-class suburb of New York. Families move there from Manhattan to get their children away from the "bad" conditions in the New York City schools.

A few months ago, two 15year-old boys were living in Massapequa with their families. Timothy Wall lived with his father (manager of a New York trucking company), his mother, and his 12-year-old sister in a pleasant white Cape Cod house. Bruce Zator lived in a new ranch-type house on a quiet treelined street with his father (a photoengraver in New York), his mother, an older brother, and three younger sisters. Both boys went to Massapequa High School. Both were in ninth grade.

No Harm Done-Yet

One day in the washroom of the school, Bruce Zator had a fight with a boy named Butch O'Malley. Timothy Wall intervened. According to Butch O'Malley, Timothy knocked a knife out of Bruce's hand. Bruce then warned them: "I'll get you two!"

Bruce, a rather quiet boy, had not been doing well in his studies. Lately he had failed in two subjects. Because of this, he had been referred to the school psychologist. But he had never had any kind of disciplinary trouble.

About the time that Bruce and Butch had their fight in the washroom, Bruce's father brought him a present from New York—a new shotgun. Bruce and his father planned to go hunting for rabbits.

Ambushed!

Possibly because he was afraid of repercussions from his fight with Butch, Bruce stayed away from school for five days. Finally, on a Tuesday, he returned to school with his parents. The next morning, Bruce got to school bright and early. By a little after 8 he was in the lavatory where he'd had the fight two weeks before.

Presently Tim came into the room, went to the washbasin, and started to comb his hair. A

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moment later, according to the story a third boy told the police, a voice rang out: "This is for you, Timmy, you creep!"

Tim turned from the mirror at the sound of the voice. A gun roared, and he fell to the lavatory floor. He died a few minutes later in the school infirmary.

Half an hour later, police captured Bruce. He was wearing a raincoat under which, they said, he had concealed a single-barrel 12-gauge shotgun with a 12-inch stock. The barrel had been filed down to two inches.

Both school and police officials emphasized that this was not a "gang" killing, that it resulted from personal differences. While it was acknowledged that there was a "club" called the Clovers at the school, the authorities said this had nothing to do with the case.

Regardless of whether or not there was an organized teen-age gang in the school, the whole affair was permeated with gang morals, gang tactics, and gang technique. The sawed-off shotgun from the time of Al Capone and George (Bugs) Moran has been the favored weapon of gangland. And only by the intrusion of the mores of the street could a schoolboys' lavatory quarrel turn into a fatal affair. The best that could be said is that the killing of one schoolboy did not lead to a whole series of attacks, as might have been the case in a street-fighting area of Brooklyn.

Massapequa, unfortunately, is not the only quiet, middle-class suburb that has been shocked into awareness of the violence of which the shook-up generation is capable.

Suburban Vandals

Suburban communities all over the country have been building new schools at an unprecedented rate to cope with rising school populations. Repeatedly, communities that have invested hundreds of thousands or millions of dollars in new school structures have seen these fine new buildings assaulted by youthful vandals. Damage has run to tens and even hundreds of thousands of dollars.

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DELINQUENCY IN THE SUBURBS

pranks. They are vicious gang assaults. Their tactics would be the envy of their slum comrades.

The school vandalism fever seems to have started on the Pacific Coast and spread east. It has virtually died out in the West. But it is in full flower in the East, particularly around New York.

They Burned Their School

A typical outbreak occurred at Maplewood, N. J., a fine community of middle-class families, proud of a low juvenile delinquency rate. A gang of boys broke into the Maplewood Junior High School and sacked it. They destroyed the principal's office, wrecked classrooms, carried kerosene and alcohol from the art department into the library, toppled books from the shelves, poured inflammables over them, and set fire to the place. School authorities estimated the damage at \$300,000. The school had to be closed for a week.

Only after this outrageous attack did the community discover that there had been some signs that gang behavior was infecting the younger generation. There had been an increase in thefts of auto accessories and cars. Not long before the attack on the school, a highway ice cream parlor had been wrecked.

The Maplewood attack is outstanding only because of the extent of the damage. During a three-month period in the New York suburbs, there were at least six similar outbreaks.

Schools are not the only target of adolescent gang attacks. Teen-agers hurled smoke grenades into the swank Parkway Casino on the Bronx River Parkway while a high-school dance was in progress. Another gang near Merrick, Long Island, killed a group of swans in a reservoir by hurling lighted sticks at them. A gang of ten youngsters broke into a beer warehouse at Sayville, Long Island, and set fire to it "to conceal their fingerprints" after making off with several cases of beer.

There seems to be no limit to the sadistic ingenuity of teenage delinquents. Possibly inspired by some comic strip advenIt can mome hypog which

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The nightmare of hypoglycemia

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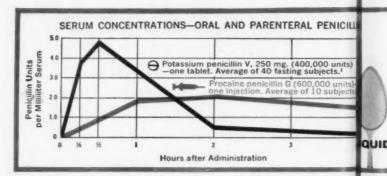
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1. Peck, F.B., Jr., and Griffith, R.S.: Antibiotics Annual 1957-1958, Medical Encyclopedia, Inc., p. 1004. 2. Wright, W.W., and Welch, H.: Antibiotic Med 5:139 (Feb.) 1958. 3. White, A.C., et al.: Antibiotics Annual 1955-1956 Medical Encyclopedia, Inc., p. 490.

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DELINQUENCY IN THE SUBURBS

ture or the belated influence of a Pearl White serial, a bunch of boys in Norwalk, a suburb of Los Angeles, bound 7-year-old Michael Evans to the Santa Fe Railroad tracks. He was rescued by his father a minute or two before the express was due to whiz past.

It was in suburban Yonkers. N. Y., that some young gang boys got into an argument with four national guardsmen while their cars were waiting at a stoplight. When the light changed, the boys swerved their car, forced the guards to the curb, leaped out and beat them badly with tire irons and jack handles.

It was in suburban Belleville. N. J., that 18-year-old Nicholas Ucci lost an eye when he was dragged from the car in which he was riding and beaten by a rival gang in another car.

And it was in West Hempstead, Long Island, that two cars laden with teen-agers were returning from a dance after midnight. The drivers began veering at each other, turning at the last moment to avoid a collision. Finally the cars halted, nine youngsters piled out, and a general melee ensued. Police halted the brawl after one boy had been badly knifed.

These are just run-of-the-mill incidents in the better suburbsthe incidents which were not hushed up.

It May Get Worse

It is not only what is happening today that worries many social workers acquainted with suburban conditions. What alarms them most is what lies just ahead.

In the years immediately after the war, enormous numbers of jerry-built mass suburban developments sprang up on the flat sands of Long Island, the Jersey countryside, the vacant lands between Washington and Baltimore, the areas around Chicago, and the endless vistas that sur-Angeles. These round Los cheaply built homes are largely populated by young workingand lower-middle-class class couples who started their families just after World War II.

The birth rate in these communities is far higher than the Sugg

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DELINQUENCY IN THE SUBURBS

national or urban rates. The children of these families are just beginning to reach the age at which delinquency manifests itself in more violent and destructive form.

Many of these communities are deficient in recreational facilities for older children. Many of the families are not as strong or capable as they might be. Trouble, social workers fear, lies ahead in serious form.

This new crop of mass-delinquents-to-be are going, for the most part, to be equipped with cars. They will be highway delinquents. Not street gangs. But the problem will be just as serious. Possibly more so.

What's Wrong at Home?

The valid question arises as to what causes delinquency in these pleasant suburban areas. The children have all the conventional advantages. The homes are clean, neat, stuffed with consumer goods. The schools are good. There is ample room for kids to run and play. There are no dope pushers at the local candy stores to lure girls into prostitution.

The families are not broken, for the most part.

How does it happen that the kids go wrong?

The answer, I think, lies in a closer examination of the real conditions in many suburban homes. Behind an apparent facade of normality, many a suburban home conceals just as broken a family as the slum family from which the father has long since vanished.

As Professor Short found in his study of middle-class families in Washington State, the key factor in delinquency is not the classic broken home from which one of the parents has departed. Instead, the key factor is the "psychologically broken home." It's the children of unhappy homes, be they technically broken or not, who tend to go bad.

This fits the theory of Dr. Fred Brown of Mount Sinai Hospital, New York City. He has observed that tensions in the life of the commuter often lead to instability in family relations, marital stress, and delinquency on the part of the children.

The sons, he says, are the

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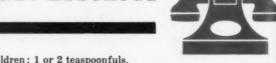
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1. Bradley, J. E., et al.: J. Pediat. 38:41, 1951. 2. Tebrock, H. E., and Fisher, M. M.: M. Times 88:271, 1954. 3. Crunden, A. B., Jr., and Davis, W. A.: Am. J. Obst. & Gynec. 65:311, 1958. 318 MEDICAL ECONOMICS · NOVEMBER 9, 1959

principal victims of the situation. Reacting against domination of family life by the mother, they develop extreme masculine attitudes. These may lead to violence and even sadism.

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Parents Are Too Busy

In too many suburban homes, the father sees little more of his children than does the alcoholic parent of the tenement family. In too many homes, the mother is too busy with an eternal round of social activities to have any really warm relationship with her children.

The end result is unhappiness in the midst of plenty. Children are as emotionally starved as those in the deprived areas of the slums.

And so split-level delinquency in the quiet suburbs is just as deadly a menace as are the festering conflicts of the old slums. If we are parents of teen-agers today, we share a common problem. And we must find a common solution.

Which brings us to the question: What are we going to do about our young people? Let me say right here that I don't believe their shook-upness stems primarily from the international situation. Or from what seems to be our general moral decay. Or from our cheap tabloids, sex-and-sadism magazines, and brutal comic books.

No. These have always been with us. Other generations of youngsters have been exposed to war and violence. Moral hypocrisy was just as widespread in Carry Nation's day as it is in our own. Yesterday's yellow press was just as bad as today's tabloids. And the "dime novels" of our childhood equaled in brutality the comics our children now are reading.

The Root of the Trouble

Such factors play no more than a secondary role. The source of the shook-up generation's disturbance is more prosaic. It lies in the home and in the community in which the youngster lives.

It starts with lack of love and care and attention. There is nothing mysterious about it. In most cases, it can be detected

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Lattimer, John K., and Spirito, A. L.: Clorpactin for Tuberculosis cystilis: Instrument sterilization, Journ, of Urology, Vol. 73, No. 6, June, 1955. • Wolinsky, E., Smith, M. M. and Steenken, Wm. Jr., Tuberculocidal Activity of Clorpactin. A New Chlorine Compound, Antibiatic Medicine, 1.382-384, July, 1955. Sanders, Muray and Soret, M. G.: Virocidal activity of WCS-90, Antibiatics and Chemotherapy, Vol. V, No. 11, Nov. 1955. • Gliedman, M. L., Lt. (MC) USNR, Grant, R. N. Capt. (MC) USN, Vestal, B.L., B.S., and Kartson, K. E., M.D.; Impromptu Bowel Cleunsing and Sterilization, Surgery, 43,282-287. • From The Text-book, Extracorporeal Circulation, Edited by Dr. J. Garrott Allen, Page 87; Charles C. Thomas, Publisher.

DELINQUENCY IN THE SUBURBS

years before the child's conduct has caused more than trivial annoyance. Almost any good thirdgrade teacher can point out the youngsters who will be adolescent problems.

The child who is cared for does not become shook-up. He and his friends may form a gang, but it will not be antisocial in nature. Even if he lives in a bad neighborhood, the boy from the good family does not usually get into trouble.

I agree with Chester Cingolani, a former San Francisco street-gang member who is now on parole from San Quentin. Mr. Cingolani says from the depth of his personal experience:

"Home is the root of 95 per cent of the gang conduct and behavior problems. It is always true. If a kid doesn't get attention at home, he goes to the street and gets it from the boys he finds there."

When Mr. Cingolani was 10, his older brother came home from a tuberculosis sanatorium. The brother got all the family's attention.

"My father and mother didn't

bring me into the picture," Mr. Cingolani remembers. "They didn't tell me my responsibility. They were just terribly worried my brother would have a relapse. This led me to the street where the tough guys hang out. I had to be the toughest. It was the only way I could get any identity."

A Parolee's Rx

No psychologist could give you a more succinct statement of cause and effect. Nor is Mr. Cingolani's proposed remedy to be lightly dismissed.

"When a kid first gets into trouble," he suggests, "I'd like to see the judge tell his mother: 'Either the boy goes to reform school or the family accepts psychiatry"—the family, not just the bov."

I have no doubt that violent juvenile delinquency can be reduced to modest proportions rapidly, without staggering cost or titanic effort, simply by employing techniques and institutions that already exist. The principal ingredients needed are common sense, civic leadership,

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and community responsibility.

There is no place where this is more vividly apparent than in New York. Here is a city where the problem of teen-age violence has been increasing in seriousness for about fifteen years. Here is a city where excellent work with adolescents is being done, where there is an abundance of skills and agencies capable of tackling these problems.

Why, then, do juvenile delinquency and street fighting grow?

We Have the Know-How

The answer is shameful. New York is just not doing the plain, simple, and often extremely inexpensive things that thousands of workers have repeatedly demonstrated will effectively reduce delinquency and halt its development at the source—the neighborhood and the family where it is born.

We have gangs not because we do not know how to prevent them, but because we do not have enough interest or energy to do the things we already know will bring an end to delinquency. We do not lack knowledge. We lack the will.

In other cities, the story is

IN THE SUBURBS

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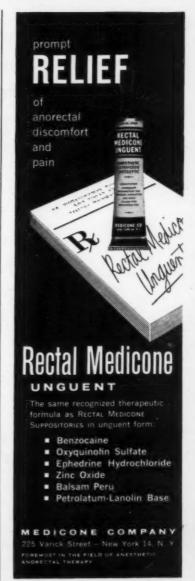
more or less the same. Los Angeles, despite fine pioneering, has not kept pace with the rapid expansion of needs resulting from the enormous migration into the city. Chicago has done valuable exploratory work but has yet seriously to mobilize to eliminate delinquency.

In the war-disoriented, prosperity-tranquilized years, too many Americans have been content to drift and "let George do it." Today, we reap the harvest. And today, too many Americans feel that the only way to handle young toughs is with equal toughness.

Head-Cracking Won't Help

Especially in a crisis, a community often reacts with the same pattern of violence as does an individual in a moment of panic. Demands arise for violent police action. But head-cracking, round-ups, crusades to clean up conditions on the street usually leave the situation no better than before.

The reason is quite simple, as one authority points out. Violently aggressive and punishing methods of law enforcement "contribute to violent reactions"



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DELINQUENCY IN THE SUBURBS

on the part of the arrested toward law and authority, and facilitate rationalizing their offenses."

When a cop beats up a street boy who happens to be standing on a corner, or drags him into the station house and books him for "unlawful assembly," he simply gives the boy an additional reason for taking a crack at society the next time he has a chance.

Special Training Needed

"Conflict between teen-agers and police," reports a citizens advisory committee in California, "is often the result of police treatment that appears to youth to be arbitrary. The increased use of specially trained personnel to deal with youth indicates that enlightened communities know how to deal with the problem."

It is along these lines that valuable and successful police work with adolescents is being carried on in many Western communities. This approach is supported by Sheriff Joseph D. Lohman of Cook County (Chicago), who was a social worker for many

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- Gould, W. L.: Impotence, M. Times 84:302 Mar. '56.
 Personal Communications from 110
- Physicians.

 3. Milhoan, A. W., Tri-State Med.

 Jour., Apr. '58.
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years before he became a police officer. He feels that many police departments are incompetent to handle juvenile delinquency because of lack of training and understanding.

Most widely publicized police plans to "crack down" on juvenile offenders are, in his evaluation, "mere publicity gimmicks." He points out that 85 per cent of juvenile crimes are group offenses. He scoffs at efforts by police to "break up the gang."

The gang, in his view, represents human nature, and the way to deal with it is to direct it through personal contact. He favors gang supervision by adults, an attractive program of activities, aggressive case work on the problems of the individual gang members.

The outstanding advocate of the opposite viewpoint is New York's Police Commissioner Stephen P. Kennedy, an articulate, thoughtful man who has pondered a good deal about juvenile delinquency. He grew up in a tough Brooklyn neighborhood and has first-hand knowl-



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the premise The choice of an agent to overcome the patient's particular "target symptoms" of emotional stress, without impairing alertness or productivity, or producing undesirable reactions, is often a difficult and haphazard task. Yet, one may be guided by the fact that there is a correlation between the dosage of a phenothiazine derivative and the frequency and the type of side effects it causes, the less of the drug needed to achieve therapeutic results, the less likely are side effects. Thus, the lower the effective dosage of a phenothiazine derivative, the lower the incidence of unwanted side reactions and, conversely, the higher the level of therapeutic response.

Now, with Permittle, the physician may prescribe a neuroleptic anti-anxiety agent of extraordinary potency and effectiveness, at unprecedented low dosage, with minimal side effects—features that markedly distinguish this compound from other anti-anxiety agents.



the promise Extensive clinical studies have established important psychopharmacologic advantages for Permittle. The effective dosage of Permittle (0.25 mg. b.i.d.) is the lowest safe dosage of any anti-anxiety agent. Side effects associated with dosage not exceeding 1 mg. per day have been uncommon and transitory.

Unlike other phenothiazines, PERMITIL alleviates symptoms of anxiety, tension, agitation and emotional unrest without depressant effect, impaired alertness or slowed intellectual function.

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Onset of action with PERMITIL is rapid and patients soon become more relaxed and less tense. The patient regains a more confident outlook and normal drive is restored. PERMITIL has an inherently long duration of effect. This makes possible a particularly convenient and easy-to-remember schedule of morning and evening dosage.

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PERMITIL has an inherently long duration of effect so that it need be given only twice a day making possible an easy-to-remember morning and evening dosage program. The lowest dose of PERMITIL that will produce the desired clinical effect should be used.

The recommended dose for most adults is one 0.25 mg. tablet twice a day. This may be increased to two 0.25 mg. tablets twice a day if required. Total daily dosage in excess of 1 mg. should be employed only in patients with relatively severe symptoms who have had a trial of lower dosages first that were well tolerated but were only partially effective. In such patients, the total daily dose may be increased to a maximum of 2 mg., given in divided amounts. (Dosage for children has not been established.)

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At the recommended dosage of PERMITIL, side effects have been observed infrequently or not at all. PERMITIL, as with other phenothiazines, is contraindicated in severely depressed states.

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References: 1. Freyhan, F. A.: Psychopharmacology Frontiers, Boston, Little, Brown and Co., 1959, p. 7. 2. Ayd, F. J.: The current status of major tranquilizers, in press.

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edge of the streets. He is as deeply disturbed as anyone about conditions in New York.

But his approach startles every expert in the field. As he is frank enough to admit, no other police or social agency of standing supports his opinion.

Mr. Kennedy wants to divorce the police from preventive work with adolescents. He believes that the police should step in only after a crime has been committed or when they have good reason to believe that one is about to be committed. He washes his hands of responsibility for what happens before the youngster appears on the street with knife or gun.

He'd Junk the P.A.L.

Mr. Kennedy would liquidate the Police Department's Juvenile Aid Bureau, now engaged in working with thousands of youngsters to try to keep them from moving on to a criminal pathway. He would also jettison the Police Athletic League, a police-affiliated social agency. He says—and in this he is undoubtedly right—that there are too

many spoons in the delinquency pot. The police, he says, have no business doing "social case work."

Mr. Kennedy would retain the police special youth squads. These are made up for the most part of rookie patrolmen. They are summoned at the rumor of a rumble. They round up youngsters on the street corners. Their work has often been criticized on grounds of pointless arrests and pointless use of the nightstick.

The argument against Mr. Kennedy has been best stated by Professor Robert M. MacIver.

"Where punitive methods predominate," he reports, "those subjected to them regard the police as their natural enemies. This attitude defeats all attempts to reform them. If the police are associated only with harsh methods in their approach to errant children, if they are regarded simply as punitive agents and not as guardians of an ordered society, the great majority of our future citizens may come to look upon them as a threat."

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Coliforms	34	3	91.8
Proteus	5	5	50.0
A. aerogenes	8	0	100.0
Ps. aeruginosa	5	4	55.5

^{*}Includes many strains resistant to antibiotics.

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munities need an agency like New York's Youth Board.

The Youth Board engages "street workers"—on-the-spot youth counselors who work intimately with gangs. A street worker helps to channel his gang's conduct into socially accepted lines. He also helps the youngsters in his charge with problems that should be (but aren't) handled in the home.

Cops Form Hot-Rod Clubs

In the cities of the West, where the automobile is almost a way of life, many police departments have recognized the close linkage of the car and delinquency. They have adapted the street worker's gang technique. They help to form hot-rod clubs.

They set aside sections of the highways as drag strips. Then they provide supervision, instruction, and protection for youngsters and their souped-up machines. They seek to interest the teen-agers in sports-car rallies—activities demanding skill in driving—and away from fascination with sheer speed.

The technique has been very

helpful in some California communities. Eastern communities would do well to move in with similar preventive programs rather than wait for youngsters to start running each other off the highways.

The school, of course, has the central role in the development of wholesome social attitudes in the young. There is probably not a single city school system in the United States that is not prepared to place into operation an active improvement program for adolescents within a matter of weeks, if not days.

In most cases, all that is needed is a little money and a goahead order. The teachers know what to do; the facilities are available; the remedial teachers need only to be assigned; the psychiatrists, the psychologists, the guidance officers, and the health specialists are ready to start work tomorrow if a payroll slip is put through.

There are few programs, in the average community, that could not be financed with a percentage of the money set aside for the current school construction pro-

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DELINQUENCY

gram. Less grandiose gymnasiums, more simplicity in lunchroom facilities, and a little more use of "obsolete" quarters would provide funds sufficient to finance most of the things that are needed to prevent adolescent delinquency.

Dr. William Jansen, New York's former school director, is right when he says that society rather than the schools must take the blame for the situation in which we find our young people. He is also right in placing the source of the difficulty in the home and in the weakening of the family unit. And there is no doubt, as he says, that families have tended to shift the burden over to the schools without making provision for the costs.

Matter Over Minds

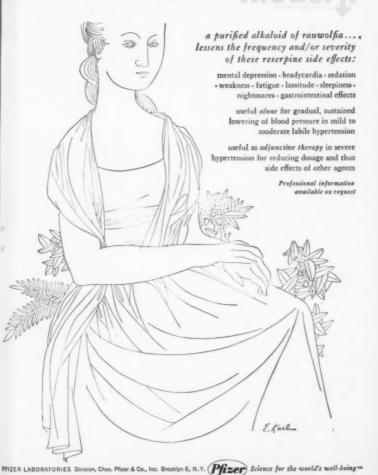
But educators, Dr. Jansen among them, must share the responsibility for the use to which they put the public funds they obtain. City after city puts buildings, material supplies, inanimate objects first. Human things—the provision of the best possible teachers and the hiring of more specialists—rate a very bad second.

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DELINQUENCY IN THE SUBURBS

Some of the things that would help are so simple, so cheap. For example, as one educator recommends, extend the school day to 5 P.M. in those areas where discipline is a problem inside the school and delinquency is rife outside it. When classes are over at 3 P.M., offer two hours more of hobby, recreation, or craft work. Keep the kids busy; send them home tired. That program would cost no more than \$15 a child extra for the semester.

They've Cut Delinquency

Would it work? It is working already in the nine all-day neighborhood schools that New York now has. These schools not only handle youngsters until 5 P.M.; they serve as community centers. In every area where they operate, the delinquency rate is far below average.

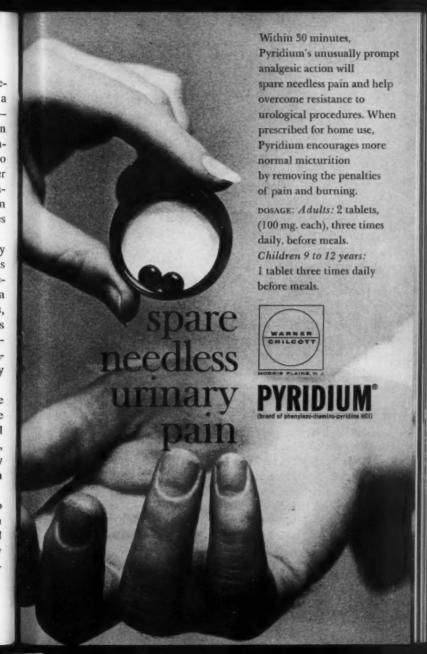
These schools, with their expanded guidance and psychiatric services, cost about \$126 per year per pupil more than an ordinary school. A single gang in a single year can cost the community, city, and state far more than one such school.

Any technique that simply reduces the number of hours a child is exposed to the street—that keeps him from going down to the corner and hanging around, waiting for something to happen, waiting for some other youngster to think up an occupation which probably will get him into trouble—radically reduces delinquency.

If a school offers voluntary hobby or recreation programs after regular class hours, three-quarters of the kids, including a high percentage of street boys, will stay. It is just as simple as that. A school that keeps youngsters occupied on a voluntary basis until 5 P.M. cuts delinquency by one-third to one-half.

If the existing services of the best-staffed schools were made available on the same basis to all schools, one educator estimates, delinquency in New York City would drop to the lowest rate on record.

The cost? It would be made up within a few years in savings in the operation of overcrowded correctional institutions. In New York State, the cost of institu-



DELINQUENCY IN THE SUBURBS

tionalizing a young offender runs from \$4,000 a year up. In California, the minimum estimate is \$3,000.

The peak period of delinquency is the week-end. The critical time begins Friday afternoon and comes to an end Monday morning. But this is the time when fewest recreational facilities are available. Many school play centers and many community houses close down for Saturday and Sunday-five-day week, you see.

If such centers were kept open all week-end in poor sections of town where there is no place for youngsters to go, the exposure period for potential delinquents would further be reduced. Another simple, cheap, and effective technique.

Consider, too, the relationship between adolescent delinquency and child labor laws. These laws actually constitute a form of discrimination against able-bodied boys who find it difficult to study and whose families often are in dire need of their financial support.

Dr. Martin R. Haskell, a so-

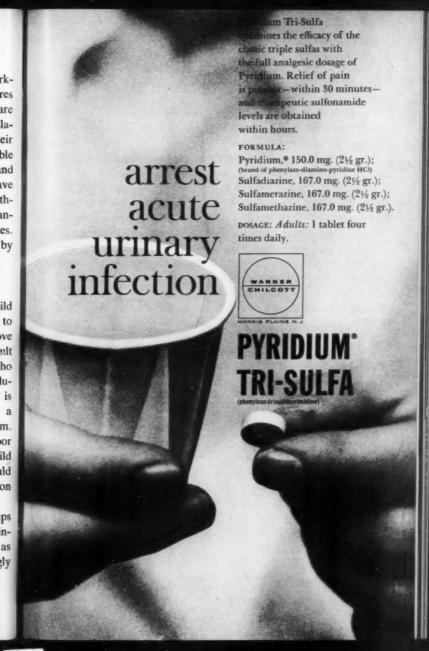
ciologist connected with Berkshire Industrial Farm, declares that youngsters over 14 who are compelled by outmoded legislation to go to school against their will are a major source of trouble for teachers, their classmates, and society. Many of these boys have only second-, third-, or fourthgrade reading ability. They cannot keep up with their classes. They can get attention only by mischief or violence.

Revise the Labor Laws?

Dr. Haskell believes the child labor laws are designed not to protect children but to remove boys from competition with adult labor. "For the type of boy who cannot benefit by increased education," he says, "the effect is largely destructive." Many a street boy would agree with him.

There was a time when labor needed protection from child workers .But social vision would seem to require a re-examination of these arbitrary laws.

California uses forestry camps for the rehabilitation of delinquent boys. Many youngsters as well as many educators strongly



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DELINQUENCY IN THE SUBURBS

advocate a revival of the Civilian Conservation Corps or a similar camp system. This would give boys of 16 an alternative between the street and a healthy outdoor existence.

Already many youngsters look to the Army as a possible mechanism of escape from the perilous life of the gang. Actually, the Army's standards todayquite naturally-are much too high for a large portion of these adolescent delinquents. They are ruled out because of poor health, illiteracy, or a police record. They are compelled to stay on the street and deteriorate further.

It would be possible to set up a good-sized forestry camp program for youngsters at a very modest cost. The boys would make a substantial return to the Government by engaging in useful tasks connected with conservation of natural resources. The most valuable resources they would conserve would be themselves. It is difficult to understand why some national program of this type has not long since been instituted.

Many people apparently feel

the problem of adolescent misbehavior is so complicated or so dangerous that only an expert can deal with it. This, of course, is nonsense.

Not everybody can go down to the candy store and persuade a bunch of knife-carrying young men that they would be better off studying physics in a night school. But even in a big city like New York there are many individuals who lend a helping hand to youngsters in their neighborhood.

Amateurs Can Help

At least one specialist in delinquency, Dr. Clarence Sherwood of New York's Morningside Heights Center, thinks it's better to have a good solid amateur worker living in a neighborhood than a well-paid professional who goes home to the suburbs when he's through work.

"There's nothing like being Johnny on the spot," Dr. Sherwood says. "Being right there so that when a kid is in trouble he can ring your bell at eleven o'clock at night and know that you will answer it." In the old



neighborhoods of any city, you will find people like that.

Indeed, if you really want to help kids, you will find a way without much trouble. And it probably will work. The thing most precious to neglected children is attention. Seeking this is what gets them into so much trouble. Half the battle is won if they find that someone has an interest in them.

It is time that each of us put his shoulder to the wheel.

Since the launching of Sputnik, we have begun to realize that Russian technology is moving ahead of our own. We have found that Russia is, in some respects, doing a better job of training her young people and of mobilizing her human potentialities than we are. Some of us have become increasingly aware of the weight of population reserves which Russia can bring to bear in an extended contest for technological superiority-her population being about one-third larger than ours.

It is not difficult to foresee the day when we are going to need every young talent we possess—

whether it be one of manual dexterity or of mental agility. The most rapid possible liquidation of our adolescent delinquency is thus becoming a matter of national security.

If we have not been interested in doing this job for moral reasons, we are going to be compelled to do it for the sheer sake of survival. So the sooner we get going, the better.

But the rehabilitation of the shook-up generation is going to require some changes in us, as well as in the adolescents.

Humanity First

Reno, a boy from New York's lower East Side, put it with simple eloquence when he said:

"If this present way of dealing with teen-agers isn't changed to something with a little more respect for the fact that they are human beings, then this problem of juvenile delinquency will plague this city for many, many, many years to come."

If we wish our children to live in a humane world, we must ourselves practice the precepts of humanity.

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MEDICAL ECONOMICS · NOVEMBER 9, 1959 347

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Miltown®+conjugated estrogens (equine)

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348 MEDICAL ECONOMICS · NOVEMBER 9, 1959

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What Doctors Do to Keep In Shape

Continued from 105

from a coronary," says one.
"Now I play eighteen holes of golf every day. I get to bed early. I make a point of maintaining my proper weight. And I feel wonderful."

The Non-Exercisers

What about the five out of ten physicians who exercise perhaps once a month, even less frequently than that, or never? They're divided into three camps:

- A small group who say they want no part of any physical fitness activity;
- A larger group who think diet, relaxation, and their practice-connected exercise are adequate; and
- 3. The largest group who believe in exercise but can't get around to doing much of anything about it.

Speaking for the first group the nonbelievers—a San Jose, Calif., doctor says: "I don't know of any statistical evidence that a program of physical activity predisposes to longevity or better health."

Speaking for the semi-believers, a doctor in Dayton, Ohio, adds:

"Relaxation and diversion are far more important than exercise. Too many of us have no outlet such as music, the theatre, and so on. We're dull bores who can only eat, sleep, and talk medicine. Going stale mentally is a worse occupational hazard than going stale physically."

The third group takes in more than a third of the 300 physicians surveyed. They believe in physical fitness. They deplore their present condition. But they do nothing about it.

Why not?

'Too Tired'

Many doctors say they're just too tired. As an Indiana physician puts it: "I'd like to play golf. But by the time I can get away from the office, I'm just too damned tired to tramp around a course."

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THE TRUTH ABOUTE

They want sheerness...but you're interested in support. There's only one way to get both!

What about the new stretch nylons that claim to be Support Hosiery—do they really work?

How can your patients be sure they're getting all the support you want them to have?



There was a time when you had trouble getting patients twear elastic stockings because they weren't sheer enough

Fortunately, this is no longer a problem. Today elast stockings are made so as to be almost undetectable.

But now there's another fly in the soup . . . and this of has to do with support.

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The blunt fact is, this so-called support hosiery just can do the complete job that stockings made with rubber do.

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An elastic stocking works by the elasticity of rubber (the way a rubber band stretches and contracts . . . or a rubber ball bounces).

In much the same way, the rubber in real elastic stockings "bounces back" to give necessary support. Only rubber offers this continuing return-action.

But the new support stockings contain no rubber. Sure, they stretch...but they keep right on stretching like the stretch nylons they are.

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KEEPING IN SHAPE

And a New York City man says sadly: "I'm too tired to get into the condition where I wouldn't get tired."

Too Busy

Lack of time is the other big reason given for not staying in shape. From all across the country, the lament is the same: "I wish I had the time" . . . "I know I should do it, but when?" . . . "Who has the time?"

Who has the time? Some doctors have *made* time. The rest might well listen to one of them:

"I've found the time for moderate exercise, adequate rest, and a four- or five-week vacation every year," says a Massachusetts internist. He adds:

"I've been able to find it ever since my coronary occlusion in 1941. I started too late to think about personal health measures. Yet in some ways coronary disease has made my life better. It's made my appreciation of people and the world generally better by diverting some of my time away from medicine."

Tennis, anyone?

END



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Krantz, J. C., Jr.: The restless patient—A psychologic and pharmacologic viewpoint. Current M. Digest 25:68, Feb. 1958.

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Same patient after 5 months of treatment with Gaircovia, Infection has cleared; healthy nail growth is almost complete.

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- Tinea corporis usually clears in 2 to 4 weeks; it has a tops in 3 to 5 days.
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Sefore treatment—tunes of the tody of 9 years' duration. Infecting organism. Trichephytonnibrum.





Photographs courtesy of Harvey Ulank, M.D., Miami, Fla. The Internst shown above received Security (priceophyto). McNeu-

The Whole Town's Splitting Fees

Continued from 111

does minor surgery and has surgical privileges in four hospitals offered this explanation: "Though we may be breaking some of the written rules of the ethics codes, we're not violating the spirit of them. For example, the rules say it's wrong for the referring doctor to scrub up and assist the surgeon in the operating room unless both doctors send separate bills for their services. The object, presumably, is to protect the patient's interests. Well, we do it in our own waywhich is the most practical way for Cranston City.

"Say it's a hysterectomy. I'm the family doctor. I arrange to have a colleague do the surgery and to assist him myself. We then send one bill. That is, I send the bill under my letterhead; but I include the surgeon's name in the statement. If the fee is \$200, I don't indicate that the surgeon's charging \$100 and I'm

charging \$100, though. I simply take the patient's check for \$200 and send half of it to my colleague. Is that unethical?"

The doctor quickly answered his own question: "I say it's not. I've explained to the patient that Dr. Jones—or Dr. Smith, if the patient prefers him—will do the surgery and that I'll assist. There's no suggestion of ghost surgery or anything at all like that.

"What's more, I feel I've earned my \$100. I've made the diagnosis. I've admitted the patient to the hospital. I've prepared her for surgery. I've agreed to assist during the operation and to provide the postoperative care—say a couple of visits to my office. All this is included in the \$200 bill. There are no extras."

Insurance Pay Divided

Another local physician cited a case of an appendectomy under Blue Shield. The standard rate is \$125. "I know the patient can't pay any more," the doctor told me. "All right. I'm the admitting doctor, and I send the bill. When I'm paid, I give the



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SPLITTING FEES

surgeon \$62.50 and keep \$62.50. That's all. It covers everything, including postoperative care. Could any patient ask for a better deal?"

Well, that's the Cranston City pattern. There's a single bill and a single fee that's shared by two doctors. I'm told that in just about every case of general surgery and in just about every OB/ Gyn. case where two doctors participate, the fee is split fifty-fifty.

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There are a few exceptions. As far as I could learn, complicated surgical procedures, including those in ophthalmology, in neurosurgery, and in pulmonary and cardiac surgery, are exempt from the fifty-fifty rule. The reason: The G.P. assumes



"As your doctor, I advise you to stop smoking. As your father, I'll beat the daylights out of you if you don't!"

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no special competence as a first assistant in procedures that are far beyond his skills.

In such major cases, if the G.P. is the referring doctor, he must bill separately for his services. If he's invited into surgery—and, as one G.P. put it, "It's the wise specialist who includes the family doctor"—there are agreed-on rates in the county fee schedule: \$25 if the doctor is present in surgery but not assisting; \$75 if he actually assists in the operation.

Only One Non-Splitter

But apart from the ophthalmologists, the neurosurgeons, and the chest specialists, only one doctor apparently bucks the fifty-fifty rule. A local newspaperman who's close to the medical scene told me:

"In general surgery, everybody's splitting fees. No question about it. All but one surgeon. He has gone it alone for a good many years and is highly successful. He's such a first-class man that he can make his own rules."

One other surgeon did try to

fight the trend, I learned. A couple of years ago, he went to an American College of Surgeons meeting and raised hell about fee splitting in his home town. But it's no longer his home town. "He didn't fit in," says one of his former colleagues. "So he moved away."

They're in a Squeeze

Why has a pattern of overt fee splitting developed in this city of more than 100,000? Are the doctors greedier or more corrupt than doctors in other communities of comparable size? I don't think so. There are a number of good explanations.

For one thing, as I've said, three out of four Cranston City practitioners are G.P.s. If they were shut off from surgical fees, they'd have a hard time making a living. Furthermore, there's a particularly acute economic squeeze in the town, which is the center of a depressed area.

Between 1940 and 1950, the city lost population. Now there's some new industry, plus plans for more. The decline in population has been checked. But free

"'JUST A LITTLE CASE OF CYSTITIS' ...

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SPLITTING FEES

care in the dozen or so hospitals in the area runs to about 40 per cent of the over-all total. That's three times the state average for indigent care.

It Pays for 'Free' Care

So every local doctor has a high percentage of free work (or service at minimum welfare rates). The fee-splitting arrangement has apparently developed as one way of rewarding each doctor for the work he does, whether or not he actually wields the knife. In my opinion, though, the major reason for the current situation is this: There's a total absence of internes and residents in all but one of the city's hospitals. In fact, only one institution in the county has A.M.A. approval for interneship and residency training. And this one hospital hasn't been able to fill its approved quota. When I was there, it had exactly three internes and one resident (the latter in pathology!).

Any hospital without a house staff is open to fee splitting. Obvi-

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may actually
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before the
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became infected."
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SPLITTING FEES

ously, the surgical staff needs assistance in surgery. Just as obviously, the surgeons must turn to other practicing physicians in the community for such assistance. So why not choose the referring doctor?

It Insures Referrals

As one Cranston City man put it:

"The surgeon who doesn't call in the family doctor as first assistant in the operating room is a damned fool. Sure, he can get some other assistant. But once word gets around, how many referrals do you think he's going to get from the general men?"

And a final contributing factor: Almost every doctor in the city has active staff privileges at one or more hospitals. According to a recent survey, two-thirds of the local men have multiple hospital appointments.

"The point is this," explains one man who has surgical privileges in four hospitals: "Because most of us have multiple staff appointments, we're in a position to work together on sur-



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SPLITTING FEES

gical cases. And in cases where two doctors are required, it seems natural for them to divide the fees evenly.

"That's why there's no inducement to refer patients to the highest bidder in terms of rebates or kickbacks. Because there's community-wide agreement on the division of fees, the family doctor has no economic reason to worry about which surgeon the patient chooses. The fee's the same in any case."

And the patient himself? He's thoroughly satisfied with such an

arrangement, say the doctors.

A typical remark from one medical man:

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"Patients don't really care about doctors' financial arrangements. If one bill covers everything, the patient's actually saving money."

But I detected a note of defensiveness in all such arguments. In fact, I suspect that the doctors were eager to discuss fee splitting with me chiefly because they wanted reassurance that their way of handling fees is right and proper.

new concept
for chronic constipation
and especially that associated with
the irritable bowel syndrome

DECHOTYL'

provide physiologic support



until normal bowel function returns

*AMES T.M. for trapezoid-shaped tablet

One practitioner told me he once mentioned the single-bill procedure to a high official of the A.M.A. The A.M.A. man said it was plainly unethical. "He insisted that each doctor's share should be clearly stated, and that it would be based on services rendered," the Cranston City physician recalled. "In other words, the A.M.A. maintains that the surgeon should list his fee-for \$200, say. Then the referring man should list his charges for house calls, office visits, and pre- and postoperative

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care, plus perhaps a nominal fee for assisting in surgery. But that wouldn't work here."

They Don't Like 'Extras'

"Maybe the so-called 'ethical' way works out fine in Chicago or Philadelphia," he went on. "But even there, I imagine it works out fine only for the surgeon. As for Cranston City—well, the patient who had Blue Shield or other insurance to cover surgery would simply refuse to pay any extras. His check would go to the surgeon, and the

safe, gentle transition to normal bowel function

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DECHOTYL is specifically formulated to physiologically correct chronic constipation, especially that associated with the irritable bowel syndrome. Dechotyl gradually and gently re-establishes normal bowel function by gentle stimulation of the bowel and by producing a moist stool of normal consistency.

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family doctor would have to whistle for his fee. Do you think that's fair?"

I said nothing. After a moment, the doctor spoke up again: "I've talked over this hankypanky of separate bills with my patients. Without exception, they say something like this: 'Frankly, I don't care how you do it, Doctor. All I want to know is what the whole thing is going to cost. As long as the charge is fair, I'm satisfied.'

"Certainly, anybody would rather pay one bill for \$200 than have to give \$200 to the surgeon and another \$75 or \$100 to the referring doctor."

There Are Extra Charges

The argument sounded logical. But some of the doctors I talked with admitted that they do send a second bill in cases where extensive postoperative care outside the hospital is required. The single bill for surgery actually covers the charges for in-hospital care, along with only one or two visits before and after the patient's hospitalization.

Are you wondering whether the Cranston City situation is unique? The city's doctors told me it's not. Other towns in the state and in neighboring states follow the fifty-fifty rule, they claimed.

"It does depend on a special set of circumstances," said one surgeon. "It happens where there's a preponderance of G.P.s and a serious lack of house staff in the hospitals. But such circumstances are by no means rare. I know a dozen places where practically the same situation as ours exists. After all, how many hospitals have approved teaching programs?"

I looked it up: The latest American Hospital Association directory (August, 1959) lists 1,400 approved teaching programs in a total of 6,800 hospitals. So only about one hospital in five is approved for interneship and/or residency training.

Are all the other places breeding grounds for fee splitting? Of course not. But *some* of them may well be.

Even in Cranston City, the very doctors who defend fee

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splitting are studying ways of improving their hospitals so that they can eventually qualify for approved interneships and residencies. In the meantime, however, the following statement from a local G.P. seems to sum up the honest feeling of most of his colleagues:

"There's no ghost surgery here. There's no unnecessary surgery—or, at least, none that's deliberately undertaken just to make a buck. There's no cutthroat bidding for patients. We're practicing good medicine.

"The only difference between our way and the so-called 'ethical' way is that we're giving each doctor a fair shake economically. We're not building up the surgeon's income to a level five or six times that of the referring physician. As long as swollen incomes for surgeons are all that 'ethics' might lead to, this whole town will go right on splitting fees!"

or Dr. Dracula?

I'm a nurse on our hospital's pediatrics floor. We find that often a child will refuse some food or drink at dinner and then ask for it an hour later. So usually we put such leftovers in the icebox, labeled with the child's last name.

One night, a young mother, not wanting to bother the nurses, went to the icebox herself to get her daughter's ice cream. She opened the door, gasped, and then scurried down the hall to the desk. We asked the horrified mother what the trouble was, and she pointed to the icebox. There on an inside shelf stood a tall frosty glass of tomato juice, labeled "Youngblood."

I'm not sure we ever convinced her it was a child's last name.

—DIANA WILKIEMEYER, R.N.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

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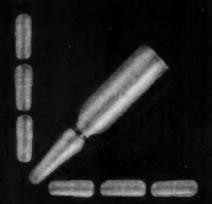
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Complete information on Terramycin Intramuscular Solution and Cosa-Terramycin oral forms is available through your Pfizer Representative or the Medical Department, Pfizer Laboratories.

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The Things You Throw Away!

Continued from 111

boxes, as . . . well, just take my word for it. Your wife can use it handily in at least a dozen ways.

And please don't throw away those plastic medicine-sample boxes. The larger ones make ideal repositories for pins—safety, straight, or bobby. The smaller ones can hold something of yours: fishing flies. The nice, transparent containers will keep the flies separate and unruffled in your tackle box.

For Fly-Makers

If you're an enthusiast who ties his own flies, take a tip from my husband: He says there's nothing handier for such delicate work than an old mosquito hemostat and a pair of corneal scissors.

A larger hemostat is a friend to the fisherman too—for removing the hook from a fish's mouth without danger of snagging your fingers. But to return to us women: Does your wife ever complain because her plants look straggly and collapsed? Those 12-inch hardwood applicators, without cotton tips, are just the thing; they make splendid props for pooped plants.

Or if you're overstocked on liquid vitamin samples, there's a home horticultural use for them, too. Pour a bottle or so around the base of a plant—and stand back!

Lamb Basters

I could go on indefinitely. For instance, large hypodermic syringes, 20 cc. and up, seem to have been designed especially for basting roasts.

And an old ear speculum makes a first-rate funnel, which can be used to fill those little purse containers of perfume.

For further suggestions, show your wife some of the office gear you've routinely been tossing into the ashcan. She'll pounce on a few items, find a wise non-medical use for them, and never again permit you to be so wasteful.



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after 5 years of research and 41,000 patient days of clinical testing Mead Johnson announces a new infant formula

Infant formula

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In a well controlled institutional study2. Enfamil was compared with three widely used infant formula products:

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NRC recommendations)

NEAREST... to mother's milk in its fat composition (no butterfat; no sour regurgitation)

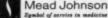
NEAREST... to mother's milk in its ratio of saturated to unsaturated fatty acids

NEAREST... to mother's milk in its low renal solute load

ENFAMIL LIQUID-cans of 13 fluid ounces. 1 part Enfamil Liquid to 1 part water for 20 cal. per fl. oz.

ENFAMIL POWDER-cans of 1 lb. with measure. 1 level measure of Enfamil Powder to 2 ounces of water for 20 cal. per fl. oz.

1. Macy, I. G.; Kelly, H. J., and Sloan, R. E.; with the Consultation of the Committee on Maternal and Child Feeding of the Food and Nutrition Board, National Research Council: The Composition of Milks, National Academy of Sciences, National Research Council, Publication 354, Revised 1952, 2. Research Laboratories, Mond Johnson & Company.



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Can You Cut Office Expenses?

Continued from 89

one else worry about the varia-

I worried, though, about Dr. Manners. He practiced over a drugstore. The druggist provided him with space, utilities, and cleaning—all free of charge. Dr. Manners' percentage of gross income spent on rent was zero.

He was happy about this, but

he shouldn't have been. The location limited his practice so much that there were no signs of growth.

In his new office, Dr. Manners pays \$200 per month rent. His net earnings have already increased by \$400 per month.

What should you do about your office rent? Don't pinch pennies on it. Rent all the space you need in the best location you can afford. I mean the best location for your type of practice—not the best address or the most fashionable section of town.



CAN YOU SAVE ON OTHER EXPENSES?

The two items we've discussed so far—salaries and rent—account for almost half of the average physician's professional expenses.

If you've just about decided that there's no hope of saving much there, let's look at the other half. For example, what about your outlays for drugs and medical supplies?

The only circumstance that

would prompt me to investigate such outlays would be a suspicion that you were being chiseled. For example, if you were a general surgeon with a drug bill of \$7,000 a year, I'd wonder whether your nurse and the detail man were planning to elope to Hawaii—on your money. Or I'd wonder if maybe someone might be hijacking the tranquilizers.

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Average Spending for Drugs and Medical Supplies by 2,133 Doctors*

Field of Practice	Annual Spending	% of Gross	% of Overhead
All fields	\$2,397	5.4%	14.5%
General practice	3,624	8.9	21.6
General surgery	1,161	2.7	8.6
Internal medicine	1,468	3.9	10.0
OB/Gyn.	1,502	3.1	9.2
Pediatrics	2,042	5.4	13.4

*PM clients in fifteen states. Partnership spending is included on a per-doctor basis. Figures are for 1958.

But normally a consultant can't argue with a physician about how much he spends on drugs, laboratory supplies, and X-ray necessities. So all I'll suggest is that you check such figures against the accompanying table.

What's left in the way of still other expenses to check on? A number of small items, some of them absolutely untouchable. What can you do about Social Security taxes on employes' salaries? About county and city taxes on your equipment? About your professional liability insurance premiums, fire and theft insurance premiums, license costs? Usually, not a thing.

And you're not going to squeeze big savings out of the telephone bill, the laundry bill, the magazine subscriptions, the stationery bills, the postage account, or the petty cash box. These are peanuts.

There remain a few items that can mount up much more than necessary. These vary too much for me to make recommendations here. Just bear in mind that if you invite a consultant's frank comments on your auto expenses, on your dues to all those specialty and sub-specialty societies, and on your outlays for professional meetings out of state, he may be able to indicate where you could squeeze out the

"...promotes granulation more rapidly ...than any other topical preparation we have used."*

*Diamond, O. K.: A Practical, Effective Treatment for Surface Ulcers in Institutional Practice. New York J. Med. 59:1792 (May 1) 1959.



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OFFICE EXPENSES

price of the braces for little Suzy's overbite.

One concluding observation:

Most doctors who worry about their office expenses are worrying about the wrong thing. Sure, it's desirable to root out extravagance and waste. But I've found remarkably little of these things in several hundred reasonably typical medical offices. Only rarely have I seen a case where office overhead deserved to be cut by as much as 10 per cent.

What most such doctors ought to worry about instead is winning more patients and serving them better—and thus earning greater gross incomes. This may well take *more* office spending, not less. But it's the best way to drive your overhead percentage down.

laughable

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

easiest way to stop a cough



Tessalon perles stop cough fast - and they're convenient to take. No mess, no spillage, no awkward spoons or bottles to carry around. Another advantage: no taste. An exact, effective dose is sealed in a tiny gelatin sphere.

Reasons why Tessalon stops cough so effectively: it acts where cough begins -in the chest; it acts at the cough reflex center-in the medulla; it acts promptly-within 15 to 20 minutes, the effect lasting up to 8 hours. Tessalon is not a narcotic, yet has been reported 21/2 times more effective than codeine in suppressing cough.1

SUPPLIED: Tessalon Perles, 100 mg. (yellow); bottles of 100. Tessalon Pediatric Perles (for children under 10), 50 mg. (red); bottles of 100. Also available (for use when oral administration of Tessalon is precluded):

Ampuls, 1 ml. (5 mg.); cartons of 5. 1. Shane, S. J., Krzyski, T. K., and Copp, S. E.: Canad. M. A. J. 77:600 (Sept. 15) 1957. TESSALON® (bensonatate CIBA)



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Late evening dose doesn't interfere with sleep.

Since Tenuate is free of CNS stimulation, it can be given in mid-evening, when TV snacks run up a high calorie count. Even doses given as late as 10 p.m. will not interfere with sleep.8 Tenuate cuts the urge to eat. So well, in fact, that weight loss on Tenuate averages over 1.5 lbs. a week. (see chart)

Safe-Tenuate can be used even in overweight cardiacs or hypertensives.

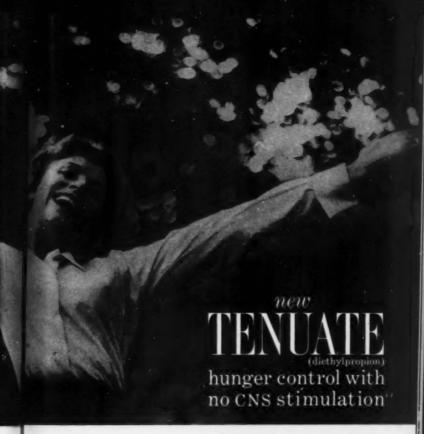
EKG studies substantiate Tenuate's lack of appreciable CNS stimulation.

No effect on heart rate, blood pres udicati sure, pulse or respiration is demon-sluding strable. Thus Tenuate is particularly swell well suited for hypertensive and cardiac patients - those whose weight efore must come down.

PROOF OF WEIGHT LOSS3-4 In a series of 100 patients, the following weight losses were obtained

Lbs./Week	N	umber o	of Patients	% Patients
0.1-0.9		23		22.54
1.0-1.9			55	53.92
2.0-2.9		22		21.56
3.0-4.0	2			1.96
		102 PA	TIENTS	100%

er, an



adications: The overweight patient, inluding adolescent, geriatric and gravid, s well as special risk situations-cardiac, larly ypertensive, diabetic. car

Dosage: One 25 mg. tablet one hour eight efore meals. To control nighttime huner, an additional tablet may be taken in id-evening without inducing insomnia.

References: 1. Huels, G.; Mich. Acad. huppoilum. Detroit. 1959. 2. Horwitz. 8. mimminication. 3. Spielman, A. D.; Mich. Mich. od. Gen. Prac. Symposium. Detroit. 1959. 4. Exper. Med. 6. Surg. in press. 9. Lin press. 7. Kroctt and Storck: gersand. 8. Althory, B. D.; Gracemin, V., and



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How You Can Analyze a Stock

Continued from 100

well be overpriced. On the other hand, if the ratio has stayed around 10 while that of all other stocks has doubled, you may have hit on a real value.

But it's also possible that investors have good reasons for thinking that an unusually high-ratio issue has an unusually promising future. Or that a strikingly low-ratio stock just isn't going anywhere. Before you buy, try to find out why the ratio has recently changed so drastically, or why it has lagged behind the rest of the stock market.

You may as well face it: You're not likely to run across real bargains in growth stocks. Rarely do the established ones sell at low multiples of earnings; nor are they likely to. But that's no reason to keep hands off. I.B.M. has been "overpriced" during most of its history. Yet few have regretted buying it.

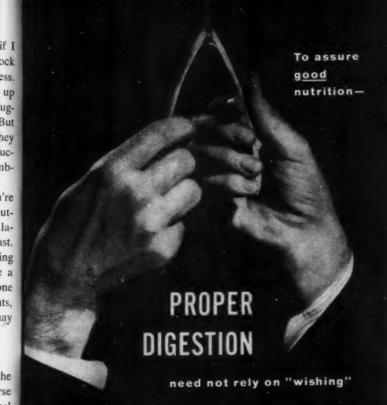
Everything I've said in this ar-

ticle may have sounded as if I believe that picking a good stock is a rather mechanical process. It is, or should be—but only up to a point. The steps I've suggested are essential ones. But you won't always find that they lead straight to inevitable success. Among the possible stumbling-blocks:

One of the companies you're considering may have an outstanding sales record, but its labor costs may be rising too fast. Another may have a tempting profit margin, but it may be a laggard in research. And if one issue excels in all departments, its price-earnings ratio may make you gasp.

Judgment Counts Most

So you'll have to weigh all the factors and use all your horse sense in order to make the final decision. There's no escaping it: In the last analysis, selecting a stock is a matter of judgment. But if you're willing to take the time to study the facts, you're bound to do better than the man who buys on the basis of tips, hunches, and rumors.



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The large formica counter provides ample room for work space, while the roomy cabinet and drawers are safe for storage of sterila supplies...ready for instant use. The efficient, recessed type A-4165 non-pressure sterilizer is fabricated entirely of stainless steel, insulated construction with two trays—one for instruments, the other for needles.

One of the ten popular colors available with the DB-16M will blend perfectly with your office decor. A single cabinet with the same mechanical features is also available.

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Amsco's large Office Pressure-Steam Sterilizer, 613-R Dynaclave, or 8" Square Autoclave, Cat. No. 8816, can be conveniently located on v. . " counter of the dauble cabinet.



See the new Double Cabinet Sterilizers at your authorized Amsso-dealer or write for Bulletin DC-404

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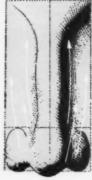
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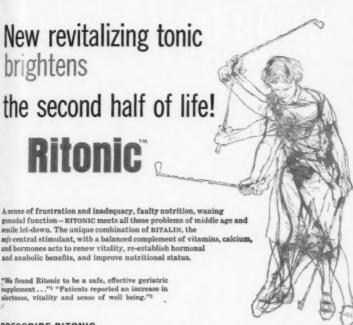
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2. Bachrach, S.: To be published.

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Memo

From the Publisher

Fellow Readers

As you read through an issue of MEDICAL ECONOMICS, do you ever wonder who else is reading it at about the same time? I can tell you almost exactly—thanks to some new research by Alfred Politz.

Some 50,800 M.D.s in general practice are reading it, plus some 47,300 full specialists. These readers comprise 71.5 per cent of all M.D.s in active, private practice and under the age of 65.*

Note well that these are readers—not just subscribers or recipients. Each doctor interviewed by the Politz organization was taken page by page through the current issue. Only proved readers were counted as part of the magazine's audience. The rest were counted out—even if they'd read the previous issue but not the current one.

From this comes the following portrait of your fellow readers:

Odder physicians and other types of physicians read MEDICAL ECONOMICS too. But Mr. Politz concentrated on the group described above, using the sampling method perfected in previous studies for Life, Look, Reader's Digest, and The Saturday Evening Post.

Slightly less than 75 per cent of them are in solo practice. Partnerships and groups now encompass 25.3 per cent of MEDICAL ECONOMICS' readers. (Not in the Northeast, less than 13 per cent there are in partnerships or groups. Elsewhere in the country, combined practice claims around 30 per cent.)

How old are MEDICAL ECONOMICS' readers? More than 67 per cent are still in their thirties or forties. And they conduct their practices with the vigor you'd expect at that age. Fully 37 per cent of this magazine's readers see more than twenty-eight patients a day. Fully 42 per cent write more than eighteen prescriptions a day.

What else do they read? Nothing else as much as they read this magazine. Each doctor interviewed was also taken page by page through current issues of Modem Medicine, MD, and the Journal A.M.A. MEDICAL ECONOMICS was found to have more proved reader than any—and more exclusive readers too.

In medical science and in the cultural arts, doctors' diverse interests take them off in many different directions. Their common economic interests bring them back together again. That, I think is why you have the greatest number of fellow readers when you read this magazine.

-LANSING CHAPMAN